Assessment of Family Planning practices From Social Marketing Perspective In the case of Gondar Town

A thesis submitted to the department of Marketing Management university of Gondar In partial Fulfillment of the requirements for the Master of Arts degree in Marketing

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Abstract

When the population growth of a nation does not match with the socio-economic development, it crates burden for the overall development, and reduce the country's ability to improve the lives of the citizen. Ethiopia is one of the countries which face the problem of high population growth. The population of Ethiopia increases nearly seven times from 11.8 million at the beginning of the 20th century to above 90 million today. Therefore, attention of many researchers is shifted to the area of family planning (FP), which is considered to be as a means to have planned population growth and sustainable overall development. The purpose of the study is to analyze the knowledge, attitude and practice of family planning, while identifying the factors affecting individual behaviors of family planning and contraceptive use. Additionally, an assessment of promotional activities use by social marketers to increase the awareness and knowledge, reducing the factors negatively affecting the behavior of consumers to adopt FP methods was made. Finally, the results of study indicated that there exist a significant relation between age, marital status, and number of children with the user status/practice of contraceptive knowledge. Furthermore, socio-economic beliefs, perception about service quality, inconvenience, and lack of experience were identified as the factors affecting individual behavior of FP usage, with awareness found to be positively associated with belief, attitude, and FP practice. Moreover, individual perceptions and service quality were reported to be associated with socio-economic beliefs, inconvenience, awareness and knowledge and FP experience, indicates that the usage of integrated marketing communication by social marketers creates awareness about FP among the respondents. The study area for the study was north Gondar administrative zone, Gondar town. To conduct a study the researcher both exploratory and descriptive research deign were used. The data collection instruments for the study were both survey method (questionnaire) and depth interview.

Keywords: Social Marketing, Family Planning, Contraceptives, Beliefs, Attitudes.

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Acronyms

ADA- Amhara Development Association

ANRS-Amhara National Regional State

CR- Contraceptive Retail Sales

CSA- Central Statics Authority

DDPC-Disasters Preparedness & Presentation commission

DHS- Demographic and Health Survey

EACA - European Association for Communications Agency

EDHS- European Demographic & Health Survey

FDAE-Family Guidance Association of Ethiopia

FP- Family Planning

HBM- Health Belief Model

IPPF-International Planned Parenthood Federation

IUCD- Intra Untried Contraceptive Device

IUD- Intra Untried Device

MDG-Millennium Development Goals

NGO-Non-governmental Organization

ORC- Organizational Research Center

PMTCT-Prevention of Mother to Child Transmission

SBC- Steps to Behavioral Change

SCT- Social Cognitive Theory

SM- Social Marketing

SPSS- Strategic Package Social Sciences

TRA-Theory of Reasoned Action

TPB- Theory of Planned Behavior

CHAPTER ONE

1. INTRODACTION

1.1 Background of the study

The Population growth rate in Ethiopia outstrips the gain made in economic development. Therefore, the population issue has become a great concern. The 2000 Ethiopia Demographic and Health Survey (DHS) reported that the total fertility rate in the country stands at 5.9, which is among the highest in sub- Saharan African countries. Out of the currently married women, 14% have never heard of FP, while only 17% have ever used a method. Current user of FP is very low and stands at 8% among the same group of woman. Out of the currently married women who are not using FP, 46 percent intended to use a method. Among the currently married woman, only 22 percent want have another child soon, 32 percent want no more children, and 36 percent want a child but would like to wait to or more years. Similarly, among currently married men, 25 percent did not want any more children, while 43 want to wait to or more years (CSA and ORC Macro, 2001).

The Amhara region has highest proportion of women with unmet need (CSA and ORC Macro, 2002). According to a study CSA and ORC Macro (2002) shows the total demand for FP is 40 percent among those who have no education, 58 percent among those who have primarily education, and 74 percent among those with secondary or higher education (CSA and ORC Macro, 2002). This shows that the demand for FP increase has education level increases.

Social marketing different scholars define in different way. There is no agreed single definition of social marketing. Social marketing draw on divers disciplines such as commercial sector marketing, health psychology, communication and psychology. It is most common application is to the problem of public health. Social marketing helps the social marketing focus on customer to ensure the practitioner's to understand a target audience's knowledge, attitudes and behaveriors around a particular topic before designing a marketing mix that most appeals to their needs (Andereasen,2002).

Social marketing uses marketing conceptual frameworks of 4ps: product, prices, promotion and place to address social problem. In addition, social marketing adopted several methods of commercial marketing: audience analysis and segmentation consumer research; product conceptualization and development: message development and testing: directed communication

facilitation; exchange theory; and the use of paid agents, volunteers, and incentive (Ling et al., 1992).

The role of social marketing for public health/family planning is .attempted to persuade a specific audience mainly through various media, to adapt an idea, a practice, a product, or all three. Social marketing uses marketing conceptual frameworks of 4 P's: product, price, place and promotion to address social problem. In addition, social marketing adapted several methods of commercial marketing; audience analysis segmentation; consumer research; product conceptualization and development; message development and testing; directed communication facilitation; exchange theory; and the use of paid agents, volunteers', and incentives (Ling et al., 1992).

This research mainly propose to define, explore and critically analyze the dynamics of social marketing (SM) and contraceptive retail sales (CRS) program of the family planning association. It will commence with a brief preamble of the theoretical framework and definitions that structure a vast concept such as marketing. Next it will examine a number of principles that govern marketing, and examine how in turn it is adapted for social marketing. Subsequently, it will consider the potentiality of difference between the concepts of commercial and social marketing and if advantages lie within the latter. Furthermore, the thesis will take a step back in the time and briefly view the role of the CRS program. Lastly it will study the manner in which market strategies will have achieved throughout time and distinctive qualities.

The researcher mainly focuses and motivated to find out relevant information/fact about family planning/public health in order to create awareness toward family planning because it helps to balance the population number with that of the economy of the country.

1.2 Statement of the problem

Social marketing helps the target customers/people to practice good things for the benefit of the individuals, families and the society, by voluntarily changing their behavior. It is the "use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behavior for the benefit of individuals or society as a whole" (Kotler et al., 2002). The study has designed to assess the people knowledge, attitude and practices of FP.

Inline to this, factors affecting/influencing individual's behavior of FP and contraceptive use had examine together with of service providers attitude, considering a significant difference (between service providers and receivers) may lead to the failure of FP program in the town. Additionally, various promotional activities carried out by the social marketers have explored to evaluate their respective impact on bringing behavioral change to adapt the concept (FP and contraceptive use).

The first thing the social marketer should know is that, the target audience/ customer should recognize the existence of problem. If the target audience doesn't aware the existence of the problem, the consumer should perceive there is a problem to be solved. If they perceived there is a problem they can highly motivate to search the information, they can from positive attitude and they may use it. The recognition of the problem is the result of discrepancy between the desired state and the actual state (Hawkins et al., 1998).

Apart from this, service providers and receiver's knowledge, unavailability of healthcare services, lack of contraceptive products, lack of ability to pay for prevention and treatment costs etc. are the factors to be taken into consideration for successful implementation of family planning program. Also, there exist various personal and environmental factors that may affect the behavior of the individuals towards FP and contraceptives usage, even may affect visiting family planning service centers/clinics and shops.

1.3research questions of the study

Based on the assessment of family planning practices from social marketing perspective. the research questions related to the peoples knowledge, attitude, practice, factors affecting the individual behavior of family planning use include:

- What is the level and knowledge of people regarding FP?
- What is the attitude of people towards FP?
- What is the current FP practice in gondar town?
- What are the factors affecting individual behaviour with respect to FP?
- What are the various promotional tools used to bring behavioural change with respect to FP?

1.4 Objectives of the study

1.4.1 General objective

The main objective of the research was assessment of family planning practices from social marketing perspective.

1.4.2 Specific objectives

Specific objectives of the study were:

- To analyze the level and knowledge of people regarding to FP.
- To analyze the attitudes of people towards FP.
- To analyze the current FP practice in Gondar town.
- To identify the factors affecting individual behaviour with respect to FP.
- To asses various promotional tools used to bring behavioural change with respect to FP.

1.5 Significance of the study

Conducting a study on FP services and contraceptives from social marketing approaches and using social marketing in FP is very important from the government, population policy makers, public health services providers', Nongovernmental organizations (NGO) perspectives to change the behavior of the benefit of individual, family and community.

This study were provide more information about the knowledge, attitudes and practices of the people; the attitude of health workers; the different factors affecting individual behavior for the utilization of the services; and promotional activities carried out by the social marketers to bring behavioral changes about FP services and contraceptive use. Based on the information, appropriate marketing strategies can be developed to address the issue in a more effective and efficient way. The public health providers can also be benefited from the study by understanding their actual level of service practices.

Identifying the major factors affecting the individual's behavior towards FP and contraceptive use and proposing possible solution to be taken to mitigate the problems, may help in increasing the practice of FP and contraceptive.

Based on the information that will get in the study, different activities like public health policies and programs related to FP can be formulated, and different service giving organizations that are associated with FP services can adjust their strategies and can address effectively efficiently to the target audiences.

In addition, this study was helpful in understanding the importance of social marketing in FP and directs future studies for the achievement of MDGs in health sector. Finally, the study maintains relevance to contribute significantly to the existing literature of social marketing and consumer behavior related to FP

1.6 Limitation of the study

In order to make a good research if requires availability of sufficient time money and other resources in this study the main constraints were finance and time In addition to this some limitation such as

- Lack of willingness to give the necessary information.
- Lack of written accurate data
- Lack of experience researcher

1.7 Scope of the study

Throughout the country to make out the problems needs a long time and sufficient amount of money and other facilities the study addressed only in Gondar town and it was also focus on a particular issue an assessment of family planning condition of the people.

1.8 Organization of the study

This study was contain five chapters the first chapter discussed about the background of the study statement of the problem research questions objectives of the study, significance of the study, scope (delimitation of the study limitation of the study and organization of the study. The second chapter addressed about literature review. Research methodology; data analysis and interpretation; and conclusion and recommendations are discussed on chapter three, four and five respectively.

CHAPTER TWO

2. Review of Related Literature

FP behaviors should be treated as a consumption activity where by consumers of FP undergone certain psychological and sociological process in the acquisition of knowledge about FP, information processing, attitude formation, and finally the buying /practicing of FP products services and contraceptive products. Then, the social marketer should understand the psychological and sociological process that the consumer undergo and help the consumer to aware and influence an individual to undertaking an exchange through the following (Solomon, 2006).

- The first task a marketer should do is tried to aware the consumer about their unmet need or discrepancy.
- The consumer should be knowledgeable about the offerings to fulfill their needs.
- Create a positive attitude about the offerings.
- The consumer should behave in the intended manner as desired.
- The marketer should be identity the factors that hinder the customer from using the offerings.
- The marketer should also analyze the attitude of the service provider and its impact.

2.1 Problem Recognition

The first thing the social marketer should know is that, the target audience/customer should recognize the existence of problem. If the target audience doesn't aware the existence of the problem, the social marketer first task should be making an awareness to target audience about the problem. The consumer should perceive there is a problem to be solved. If they perceived there is a problem they can highly motivate to search the information, they can form positive attitude and they may use it. The recognition of the problem is the result of discrepancy between the desired state and the actual state (Hawkins et al., 1998).

2.2 Knowledge of Family Planning

Knowledge is the factor that brings about understanding, ability, practice and participation. If the individual have correct knowledge about FP and contraceptive methods, it may affect or set a desired child of the spouse and leave duration for each child or stop birth permanently.

Knowledge changes attitudes and brings them to practice, and the attitudes of person depend on knowledge (Zimbardo et al., 1997). The information related to FP service benefits and the availability of different contraceptives helps the people/customer to utilize the benefit. In addition, contraceptive knowledge play vital role for selection of a contraceptive method that they want. With regard to this UNICIEF (2007) cited in Antigegn (2007) acknowledged that for couples who aspire or to delay or avoid birth, the obstacle to use contraceptives includes lack knowledge about methods how to use or where to obtain services and concerns about the side effects of different methods. This shows the importance of knowledge for the use of FP service.

Knowledge of FP service and contraceptives is greatly influenced by the source of information. Most of the time people hear information from friend's, neighbor, relatives or co-workers about the contraceptives. studies show that in addition to knowing contraceptive methods the people should have knowledgeable about how the method work, how to obtain them, how much they cost, and other aspects that may affect the decision to use contraceptives. In one study many women said the main reason for not uses of contraceptives were dislike of contraceptives, belief they cannot get pregnant, these reasons suggest a lack of information about contraception and reproduction (http://info.k4health.org/prJ43/j43chap2-4.shtml). Giving information through integrated marketing communication tools about preventive behavior for the people about the use of contraceptive method is crucial to avoid unwanted pregnancies, to reduce abortion and to manage the number and spacing of children.

In addition, knowledge of availability plays a crucial factor to use contraception. The targeted audience or customer should not only know about the existence of contraception itself but also what services are offered when and where. People who are not use FP service perceive the services are less accessible than do contraceptive users (ibid.).

Consumer acquires most of their attitudes, values, behaviors, preferences and feeling of a contraceptive product through learning. Culture, social class, families and friends provide learning experience. Learning modifies consumer behavior from the consumer experience. Moreover, beliefs and attitudes are acquired through learning and doing. Beliefs correspond to how consumers formulate their thoughts about a specific product/service that affect buying behaviors. Attitudes refer to the consistent evaluation, feeling and tendencies to an object or idea which may either put consumers in the frame of mind of liking or disliking FP service or contraceptive products (Hawkins et al., 1998).

2.3 Sources of Information

After the consumers are aware of their needs, they search different information about FP services and contraceptives methods. Different research shows that people get health information from different source. For example, a study conducted in North Carolina (2007) focus group respondents expressed the source of information and their preference from source to source. Respondents expressed they have strong preference for personal communication or television and radio over written source of health information. Family members, friends, neighbors and colleagues were mentioned as valuable source of health information. Secondary to receiving health information from a trusted person, participants mentioned television and radio are very valuable and accessible source of information. In addition the study also recognizes the importance of social support net work. It shows the role of close family member, friends, colleagues, community members and religious members in helping to make health decision, finding sources of health information, identify potential health problems, recommending health service, and in supporting them emotionally, and often financially, particularly when it comes to health issue (North Carolina Health Start Foundation-LIMA Project 2007).

Then, the social marketer should identity the sources the target customer gets information and the needed information that the target audience/customer want, and tries to reach the customers based on the sources and give the needed information to facilitate the service giving practice.

2.4 Awareness

The awareness of the people about the contraceptive methods and knowing the names of contraceptive methods and their function are very important to build a positive attitude about them and to increase the usage and practice of the FP services and contraceptives. In addition people who have aware of many contraceptive methods, know where they can be obtained, understand their side effects, and know how to use may help them to form positive attitudes and practice the method.

The modern contraceptives methods are pills, condom, diaphragm, foam/foaming tablets, injectables, sterilization, IUD /loop). The traditional contraceptive methods are rhythm, withdrawal, periodic abstinence and use of herbs.

2.5 Attitude

The person attitude towards FP services and contraceptive methods has a very good indicator to address the society social problem. Attitude is the way an individual act, feel, and think towards a products/services. Socio-economic wellbeing, religious and traditional held values and beliefs, and lack of the correct information or knowledge about modern contraceptives are some of the factors affecting the attitude of an individual's towards contraceptive products (Hawkins et al., 1998).

In addition, lack of accurate information and the different rumors about FP and contraceptives affected individual's attitude towards adopting a modern FP methods. The social marketer should facilitate a positive word of mouth and give counter information about the rumors by using interpersonal communication.

The attitudes held by the public health service providers have also its own impact on the service giving practice. The extent to which service providers involves in its customers, respect, the knowledge about service, and culturally competent, and the attitude they hold towards FP and contraceptive are important factor in FP service (Friesen & Kruzich, 2000).

Much evidence suggests that actual and potential customers are denied access to FP services due to the negative attitudes held by the public health service provider's of health workers. The

public health provider's attitude, words and body language encourage or discourage people from the practice of FP and contraceptive.

Public health service provider's attitudes about FP and contraceptive methods have a great impact on the achievement of FP programs. A study in Tanzania reveled that there were certain medical barriers that responsible for poor use of FP services. The root causes of these barriers are the attitudes held by the public health service provider's towards FP and contraceptives. The barriers were eligibility criteria, age barrier, restrictions on the service, requirement of marital status to get the service, service provider bias, and process hurdles (Spiezer et al., 2000).

Individuals may hold positive attitudes towards FP and contraceptive methods. But by understanding their positive attitudes it is difficult to conclude they are using FP services or contraceptive methods (Hawkins et al., 1998; Solomon, 2006).

2.6 Behavior/Practice

In Ethiopia the contraceptive prevalence rate is low. The percentage of currently married women using any contraceptive method is 14.7 percent and users of any modern method accounts for 13.9 percent (EDHS, 2005 cited in Antigegn, 2007). In addition most women of our country prefer to use injectables contraceptives to other methods because of their convenience, as they are taken as a single shot and provide protection for three month. Owing to this, Ethiopian female sterilization and IUD account for 2 percent each, implant 1 percent, pills 21 percent, injectables 72 percent and condom 1 percent of the total use of contraceptives (World Bank, 2007).

Internal and external factors to the individual influence an individual action or behavior towards the use of contraceptive methods. Even if an individual have good knowledge and positive attitudes towards FP activities, an individual may not use the service or the methods due to many reasons. In addition an individual behavior also influenced by the following issues according to IEC Zimbabwe National FP Council (1998):

A. Knowledge and beliefs (what they know and believe)

B. Values (what they feel is important in their lives)

C. Attitudes (negative and positive feelings)

D. Skills (what they know how to do)

E. Self esteem (what they feel about themselves)

F. Self efficacy (their confidence and ability to make changes in their lives)

G. Peer pressure and social influences (family, friends, and other people in the community)

H. The environment in which they live (culture or religious views, income, health services)

In addition to the above factors that affect an individual behavior to practice FP services and contraceptive methods, Solomon (2006) identifies another component that influences individual behavior. These components influencing individual behavior are cultural, social, personal and psychological. These factors should be asses in order to create an effective FP program.

2.7 Factors Affecting Individual's Behavior from Using Contraceptive Methods

Gaining a better understanding about the particular barrier of FP services and contraceptive methods are valuable for developing service promotion strategies to influence their negative attitudes and to increase their usage, and for informing service delivery protocols. Researches founded the barrier faced an individual in FP services including issue of economic, administration, cognitive and psychosocial access (Bertrand et al. 1985; Foreit et al. 1978) and there are factors extend beyond individual and household level, to include the characteristics of social and cultural environment and the health service infrastructure in addition to demographic and experience factors.

Most literature acknowledges that sub-Sahara African countries have the lowest rate of FP usage. The factors that contribute for the lowest prevalence rate according to Hatcher and Kowal (1999) are difficulties in obtaining contraceptive supplies, limited number of FP clinics, the largely rural nature of the population, the low socio economic levels and the high value many cultures place on large number of children. In addition to these factors there are different factors that affecting an individual behavior towards FP and contraceptives, and includes:

2.7.1 Education

The education level of an individual has great impact on the attitude formation and practice or usage of FP service and contraceptives. Educational attainment has also its own impact on FP and contraceptive use. In addition, education has influence on the use of the service, increases the female decision power, and increases the awareness. Moreover, World Bank (2007) adds that on average women with some primary education are 3.6 percent more likely to use contraceptives than women with no education, on the other hand women with more than primary education are 5.4 percent more likely to use contraceptives.

2.7.2 Age and Parity

Consumer different age groups obviously have very different needs and wants. Although people who belong to the same age group differ in many other ways, they do tend to share similar set of values and common cultural experience that they carry throughout life (Perkins, 1993 cited in Solomon, 2006). Likewise contraceptives use is often found to vary with the number of children ever born, along with the changing nature of FP goals. Contraception in most countries is of lowest prevalence among young women, reaches a peak among women at the middle and decline among older women (CSA, 2005).

2.7.3 Health Concern

Most people who never have used contraception cite a health concern about a particular method as the main reason for not use of any contraceptive methods. Sometimes they have heard about medical problems that others experienced using contraception. A study conducted in Nepal in the year 1995, on the women with unmet need, states that the women feared sterilization because they knew of women who had died by sepsis following sterilization procedure. A study conducted in Kenya in the year 1996 also revealed that the women in focus group discussions spoke of pills accumulating in to life threading masses in the stomach and other bizarre effects thought to accompany contraceptive use (http://info.k4health.org/pr/J43/j/43chap2-4.shtml).

Rumors often have a basis in reality. Thus several reasons can combine to contribute like poor quality service or methods lead to real health problems that, in turn, become the basis for

exaggerated rumors, which are spread and believed by many people who have little direct knowledge of contraception (ibid.).

2.7.4 Religion

Religious values shape the assimilation process of values in a society. These processes determine people perception, attitude and usage of FP services and contraceptive methods.

In addition, the tradition of religious shapes the society towards birth control. There are different researches around the world that shows the impact of religious on contraceptives like on Christians and Muslims.

2.7.5 Culture

Culture includes knowledge, belief, art, law, morals, customs, and any other capabilities and habits acquired by man as a member of society (Sherry, 1986 cited in Hawkins et al., 1998). Culture includes everything that influences an individual's thought process and behaviors.

Different studies in developing countries reveal that social, cultural and religious unacceptability of contraception's frequently emerged as an obstacle to use contraceptives. The boundaries that culture sets on behavior are norms. Norms are simply rules that specify or prohibit certain behaviors in specific situation and are based on or derived from cultural values. Cultural values are widely held belief that confirms what is desirable. Moreover, cultural environment exerts a strong influence on the individual attitude and desired behavior Hawkins et al., 1998).

2.7.6 Opposition from Partner, Families, and Communities

Many people who have unmet need may not use contraceptives because of the high "social cost of the challenging the opposition from relatives (reference group, opinion leaders, formal and in formal groups) (http://info.k4health.org/pr/J43/j43chap2-4.shtml).

- **Opposition from Partner:** many people do not use contraceptive because of opposition from partner. Partner can be husband, wife, boy friend or girl friend. A study conducted in Kenya in the year 1992, among women who had stopped using contraception for reasons other than having another child, 12 percent had stopped because their husbands wanted another child or had forced them to discontinue for other reason (ibid.).

- **Opposition from Families and Communities:** Many theories acknowledge the power of other people influencing on the behavior of an individual's (Solomon, 2006). Although less important than husbands' opposition, lack of support by extended families and community leaders also prevents some people from using contraceptives. A study conducted in Philippines shows that women who have unmet need are less likely than contraceptive users to consider contraception socially acceptable. A study conducted in Kenya also shows mothers-in-law prevent some women from using contraception. This shows the impact of community and family on individual behavior to use contraceptives (ibid.).

2.7.7 Little Perceived Risk of Pregnancy

When a women herself or with her partner believe they face less risk to become pregnant, they are unlikely to be interested in contraception. In Philippines for example, women with unmet need are as much less likely as contraceptive users to think that they can ever become pregnant (ibid.).

2.7.8 Customer Focused Service

In order to provide quality of service the service provider must understand and respect their customer needs, attitude and concerns. Different research highlights the benefit of addressing client's perspective on quality of serves, since it leads to improve client satisfaction, continued and sustained use of services, and improved health outcomes (Bertrand et al., 1993; Kols & Sherman, 1998; Vera, 1993 cited in http://info.k4health.org/pr/J43/j43chap2-4.shtml).

2.7.9 Rumors and Myths

Knowledge gaps both community "myths" and insufficient knowledge and skills are one type of barrier that affects individual behavior from the use of FP services and contraceptive methods (Best, 2002). Rumors, fears and myths about FP may raise potential clients concerns about the side effects, safety and effectiveness of different methods. One study in Kenya shows the people believe about oral contraceptives that, using oral contraceptive can cause blood to flow out of the nose and mouth, and can cause delivery of children with two heads or no skins. Misinformation also creates a major barrier. A study in 8 developing countries shows that 50-70% of woman

thought that uses of pills have a considerable health risks (Rutenberg & Watkins, 1997; Grubb, 1987 cited in http://info.k4health.org/pr/J43/j43chap2-4.shtml).

2.7.10 Access

Access determines how customer gets the service. Studies identified distance and costs are among the major factors that constraints customer ability to access the service Bulatao, 1998). The FP service and the method of contraceptives should be physically and socially accessible to address the unmet need of the community. Access contraceptives supplies and services affecting the likelihood that people adopt a method, continue using it, switch method when they are dissatisfied (Ali, 2001; Ketende et al., 2002; Steele & Geel, 1999; Steele et al., 1999; Stephenson & Tsui, 2002; Thang & Anh, 2002 cited in Gupta et al., 2003).

2.8 Promotional Activity

Among the social marketing strategy promotional strategy is one of the main strategies to address the social problem in addition to product, price and placement in order to induce positive behavior change.

FP media campaigns have demonstrated their ability to increase knowledge, change attitudes and alter behavior among the general public. This approach change the view of both customers and service providers roles during FP consultations, portraying provider's as concerned advisors rather than technical experts and customers as active decision makers rather than passive recipients of care. FP customers expose in radio and television dramas or spots can model specific behaviors such as speaking out about their needs, answering questions in depth, asking questions, and weighing the advantage and disadvantage of contraceptive methods (Piotrow et al,. 1992; Valente et al., 1994).

The use of established advertising techniques to promote development goals via media such as television, radio, billboard and newspaper is termed as social marketing (Kottler & Roberto, 1989). Social marketing has adopted not only the forms of marketing, but also its tools: consumer research, pretesting, and audience segmentation (Backer et al., 1992 cited in Gupta et al., 2003).

The social marketers should use segmentation strategies to address the target actual and potential customers in promotional strategies to build good knowledge about FP, to form positive attitude and to motivate them to practice/use. According to Hertog, et al. (1993) targeting a segment of the population is one of the most important steps in planning a media campaigns. They further stated that "populations are segmented according to their needs, knowledge, attitudes, motivation, and behavior". This segmentation is needed to aid in developing strategies that can influence the attitude and/or behavior changes of particular subsets of the population.

In addition, promotion is associated with getting the appropriate message to the intended audience at a time when they are likely to be receptive. To be health promoting messages more positively received by the intended audience the promotional message should state the benefits related to the intended behavior. Moreover, determining a promotional strategy require social marketers to make decisions regarding the messages, the messengers, and the communication channel (Kottler & Lee, 2008).

2.9 What is Social Marketing?

Different scholars define social marketing in different way. There is no agreed single definition of social marketing. Social marketing draw on diverse disciplines such as commercial sector marketing, health psychology, communication and psychology. Its most common application is to the problem of public health. Social marketing helps the social marketer focus on customer to ensure the practitioner's to understand a target audience's knowledge, attitudes and behaviors around a particular topic before designing a marketing mix that most appeals to their needs (Andreasen, 2002).

Social marketing activities attempt to persuade a specific audience mainly through various media, to adopt an idea, a practice, a product, or all three. Social marketing uses marketing conceptual frameworks of 4 Ps: product, price, promotion, and place to address social problem. In addition, social marketing adopted several methods of commercial marketing: audience analysis and segmentation; consumer research; product conceptualization and development; message development and testing; directed communication facilitation; exchange theory; and the use of paid agents, volunteers, and incentives (Ling et al., 1992).

2.9.1 History of Social Marketing

Overviews on the history of social marketing typically trace the genesis of the perspective to an article in public opinions quarterly published by Wiebe in the early 1950's in which he asked the question 'why can't you sell brotherhood like you sell soap?' The approach then received its name two decades later when Kotler and Zaltman (1971) discussed how to use commercial marketing as a technology that could be applied to social changes.

The social marketing techniques and concepts are fully utilized after 1960's in nutrition and other health education campaigns (Manoff, 1985). Kotler and Zaltman (1971) emphasis the application of marketing on social purpose and they describe social marketing as "a promising framework for planning and implementing social changes".

Social marketing has been used over the past five decades to improve people knowledge and behavior towards a number of health related issues. The issues have mostly been disease prevention (Redman et al., 1990; Grilli et al., 2002, Stead et al., 2007 cited in Erik, 2008). Social marketing was first applied in third world countries during 1960's and 1970's as part of the international development efforts. Although it has linked to a wide variety of topics, social marketing deepest penetration has been behaviors related to personal health (Andresean, 2002).

2.9.2 Contents of Social Marketing

2.9.2.1 Market Research

Market research is knowledge gathered about the wants, needs, perceptions, attitudes, habits and barriers to change (Bloom & Novelli, 1981; Andreasen, 1995; Weinerich, 1999; Kotler et al., 2002). Its objective is to understand how to use the 4P's (marketing mixes) in the best way to accomplish the changes in behavior.

2.9.2.2 Segmentation

Segmentation is dividing the total market in to homogeneous group according to one of several criteria such as demographic, geographic, psychographic, and behavior (Kotler et al., 2002). Before deciding on the social marketing mix strategies the social marketer must chose one or

more segments as a target audience, and then design and tailored products and messages for the different groups (Andreasen, 1995; Weinreich, 1999).

Market segmentation is a major part of social marketing strategies, and the social marketer should provide adverse range of FP products for specific market segments and supported with brand specific advertising and promotion to a target customer. These efforts have significant contribution to increase awareness and to change their attitudes. In addition, market segmentation and subsequent targeting are a number of strategic advantages, including increased likelihood of social changes, increased effectiveness and efficiency, a basis for resource allocation, and input for developing strategies (Kotler et al., 2002). As segmentation necessitates an in-depth understanding of various subgroups in the target audience, it is also likely to result in an audience focused marketing program (Weinreich, 1999). Segmentation allows social marketers to develop a set of marketing strategies and tactics that meet the needs, wants and perceptions of specific subgroups rather than approaching the entire market with one general strategy that does not target any one well (Andreasen, 1995).

2.9.2.3 The Marketing mix (4 P's)

A. **Product**- The social marketing product might be very intangible like a belief or behavior and it is a lot harder to formulate a product concept (Bloom & Novelli, 1981). According to Kottler and Roberto (1989), the social product can either represent an idea, a practice or a concrete object. The idea can then be a belief, an attitude or a value. A practice can an act and the repeated act turn in to behavior like using contraceptives. The tangible object could be any contraceptive products like pills, condom etc.

B. Price- Price doesn't necessarily to be monetary but can also be non monetary like time, effort, and change in life style (Kotler & Roberto 1989; Weinreich, 1999; Kotler et al., 2002).

C. Place- Place is where and when the target marketing will perform the desired behavior, acquire any related tangible objects, and receive any associated services .The social marketing place includes more and closer location, extend hour, change appearance of the location and make the performing of the desired behavior more appealing than the competing (Kotler et al., 2002).

D. Promotion- Promotion involves persuasion to influence attitudes or/and behavior. To persuade effectively the social marketer should capture the attention of the target audience because there are many other competition sources like another person, radio, television, noise and the like (McKenzie & Smith, 1999). Elements of promotions are:

I. Advertising -It is the most popular and important tool, but also the most expensive (Fine & Seymour, 1990). It is paid media public service announcements (Kotler et al., 2002). There are different sorts of media to choose from; television, radio, internet, printed media, direct mail, public billboards and the like (Weinreich, 1999).

II. Personal selling- In social marketing program personal selling is often used (Kotler et al., 2002). It can taken place in the form of face to face meeting or communication.

III. Publicity- It is the marketer's tool to use the media to get free and positive coverage of the social project. This could be mentioning at news on television or radio, articles or editorial comments in magazines or news paper (Kotler et al., 2002).

IV. Sales promotion- All activities directly devoted to promote the sale of a product like give free samples of the product or coupons for the target customers.

V. Popular media- It means using entertainment to communicate behavior change messages include movies, television series, radio program, comic books, theatre, and songs, Fraser and Restrepo (1998), shows that this type of medial has been successful in developing countries.

2.9.2.4 Additional P's

Different scholars in addition to the above marketing mixed, add additional mixes. Among them, Kotler and Roberto (1989) choose to explain the social marketing-mix as 5 P's, adding positioning. Other scholars suggest the expansion of the 4P's to 7P's. Fine and Seymour (1990) adds producer (the marketer or the source of the promotion), purchaser (who is the target and what do they want), and probing (research) to his social marketing-mix (those who sell or deliver the social product), presentation (the setting in which the product is acquired or used), and process (the steps the buyer needs to take to acquire the product). Moreover, Klein (1999) added

publics (internal and external audience), partnership, policy, and purse strings (funding agencies).This is, therefore, leading to the confusion among practitioners. However, looking at the meaning of the different P's added, and the main features of social marketing, it seems to be a way for different scholars to make a new model with the same ingredients.

2.9.2.5 Targeting

The role of target marketing emphasis to identify which specific sub group in the society has detectable needs and wants that the marketing effort can meet. Public health like commercial marketing should give due attention and efforts for market research studies in order to address the target customers needs and wants.

2.9.2.6 Audience/Customer Analysis

Analyzing the audience helps to address the community in the most effective and efficient way. It requires three steps (IEC Zimbabwe National Family Planning Council, 1998). The first is segmenting, helps to identify groups which lack information or which have particular needs, as well as to consider the most effective communication channels to reach them. The main purpose of segmentation is to create smaller groups which share similar characteristics, so targeting can be more effective. The second is targeting, it is identifying the needs of each segment or subgroup, and selecting one or more target groups at which to direct a campaign which is tailored-made for each group. And the third is positioning, is important to establish credibility among the intended target groups. Credibility is the degree to which a source of channel of information is considered to be knowledgeable and trustworthy.

2.9.3 Social Marketing Implications

Many of the social marketing programs in various developing nations are gaining support from the public. People attitude and awareness may change if they are aware about FP benefits and if the knowledge of FP and contraceptive benefits disseminate to them. FP organizations around the world have turning themselves in to marketing oriented entities by adopting a marketing philosophy and implementing its technology know-how/4Ps (Andreasen, 1995).

2.9.4 Commercial Marketing Vs Social Marketing

Social marketing builds on commercial marketing principles and techniques, social marketing is far more complex than commercial marketing (Fine & Seymour, 1990; Kotler et al., 2002).

The differences are:

1. **Type of product-** The product for commercial marketing is primarily goods and services but for social marketing deals with selling behavioral change (Fine & Seymour, 1990; Andreasen 1995; Kotler et al., 2002).

2. **The gain**-The aim of the commercial marketing is the gain of profit for the company but in social marketing the gain is for individual and the society (Kotler et al., 2002). According to Manoff (1985) commercial marketing is competitive and concerned with market share but social marketing is complementary and concerned with market expansions.

3. **Competitors**- The competitors in commercial marketing is like companies selling similar products or different product selling for the same customer but in social marketing the competition is mostly the current or preferred behavior of the target group (Kotler et al., 2002).

Similarities are:

1. **Customer orientation-** Commercial marketing is based on a view that the product offered needs to appeal to the customer in all aspects and so must the social marketing program (Kotler et al., 2002). Andreasen (1995) and Kotler and Lee (2008) also emphasized about the needs for both commercial and social marketing program to have a customer centered mindset, this means that all decisions must come after consideration of the target customer.

2. **Exchange theory**- It is what benefit consumers can expect in return for the cost they are willing to pay (Walsh et al., 1993; Kotler & Lee, 2008).

3. **Marketing research** -Marketing research provide a valuable information about the target audience for both commercial marketing and social marketing (Fine & Seymour, 1990; Kotler & Lee, 2008).

4. **Segmentation-** Strategies mumst be tailored to suit the needs, wants, resources and behavior of the people that the marketer target (Kottler & Roberto, 1989).

5. **Marketing mixes-**Need to put efforts in to all the P's (Kottler & Lee, 2008).

6. **Results** are measured and used for improvement monitoring systems, feedback and evaluation is used as a tool to modify ongoing strategies and/or to change future approaches (Andreasen 1995; Kotler & Lee, 2008).

2.9.5 Criticism of Social Marketing

There is no universal accepted single definition of legitimate social marketing. Such lack of consensus contributed to misconceptions about the role of social marketing in public health and has probably fueled skepticism and criticism. Some of the criticisms are:

1. Critics caused by misconception of the concept-Much of the critics towards the use of social marketing as a tool for social change seem to be misconception what the concept is all about such as social marketing is the same as mass advertising and it does not include the consumer and feed back is not possible (Kottler & Roberto, 1989).

2. Top down approach- Melkote and Steeves (2001) criticize the social marketing campaign have a tendency to be top-down still treating the individual as a person to be persuaded and changed according to criteria established by outsiders.

3. Failing to address structural issues-There are discussions that social marketing programs as such fail to address structural issues and local norms Melkote and Steeves (2001).

4. Marketing is the devil's work- For some people marketing is thought to be commercial and offensive (Kottler & Roberto, 1989) and cannot see that it should be put in use for a "good cause". Many see the irony that social marketing is used to repair the damage that commercial marketing has created (Kottler & Roberto, 1989).

Most of the criticism or the negative perception of social marketing particularly by professional from public health fields is perhaps the greatest hindrance to the wide spread acceptance of the discipline.

2.9.6 Social Marketing and Family Planning

FP behavior should be seen from the marketing concepts as a consumption activity that consumers of FP service and contraceptive users undergo certain psychological and sociological process in the acquisition of knowledge, information processing, attitude formation and finally to consume it. Marketing play a dominant role in the development and implementation of FP programs in less developed countries. An expert committee in 1971 cited in Kulsoom (2006), WHO defined family planning as "a way of living that is adopted voluntary upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of the family, groups and thus contributes effectively to the social development of a country". In addition Rogers (1973) defined FP programs as "the idea program or act of a preventing births and avoiding their consequences.

The FP programs are part of social marketing. Kottler and Zaltman (1971) continuously used FP as an example of social marketing. In addition E1-Ansary and Kramer (1973) who defined social marketing as the marketing of ideas and the promotion of social causes decided FP programs are part of social marketing. Freedman (1990) also noted that the use of social marketing in FP.

The social marketers should aware and try to solve its difficulty in the application of social marketing in public health areas. For example, Siegel and Doner (1998) recognize the public health face a unique marketing dilemma and the task of marketing in social change faces a unique challenge for three reasons:

1. The unfavorable state of individual and societal demand for social change.
2. The hostile environment in which social change marketed.
3. The limited training of public health practitioners in the skills necessary to make social change.

2.9.6.1 Marketing Mix and Family Planning

A comparative marketing analysis of the consumer behavior related to the use of contraceptives in various countries and the social marketing of FP programs required a broad view of marketing functions. Communication function of marketing that is, how information related to FP and contraceptive be conveyed and what are the most effective means of persuasion is one part of the analysis. The pricing of contraceptives via distribution channels must also be considered. In addition, marketers must design FP marketing plans to target those marketing segments (Conners, 1995).

2.10 Role of Family Planning in Development of a Nation

Many low income countries are caught in a vicious cycle, efforts to improve living standards, alleviate poverty are overwhelmed by the need to provide basic services and jobs forever-growing number of people. With population doubling within 25 to 30 years, many countries have found it difficult to reduce the number of people living in extreme poverty (Kulsoom, 2006).

A country which adopting a strong FP programme as part of their development effort has significantly improved their citizen's quality of life over the past decades. A prime example for this is Japan, China, and India. During 1960 to 1990 many Asian countries reduced their childbearing from an average of six children or more to two or fewer in the span of a single generation. This reduction of fertility contributed too many of Asian countries remarkable socio-economic development (ibid.).

FP helps everyone. Here are some of the ways (World Bank, 1993 cited in Kulsoom, 2006):

- Women: FP helps women to protect themselves from unwanted pregnancies. As a result many women's life has been saved from high risk pregnancies or unsafe abortions. If all women avoid high risk pregnancies, the number of maternal deaths could reduce. Also many FP methods have other health benefits.

- Children: FP saves the lives of children by helping women in keeping space between births. Between 13 up to 15 million children under the age of 5 dies each year. If all children were born at least two years apart, 3 to 4 million of these deaths would be avoid.

- Men: FP helps men and women to care for their families. Men around the world say that planning their families helps them to provide a better life for their families.
- Families: FP improves family well-being. Couples with fewer children are better able to provide them with enough food, housing and schooling.
- Nations: FP helps nations in their development. In countries where women are having far fewer children than their mothers did, nations economic situation are improving faster.
- The earth: If couples have fewer children in future, the world population of 5.9 billion people will avoid doubling in less than 50 years. Future demands on natural resources such as water and fertile soil will be less. Everyone will have a better opportunity for a good life (World Bank, 1993 cited in Kulsoom, 2006).

2.11 Family planning in Ethiopia

Ethiopian National Health Policy assigns high priority to the democratization and decentralization of the health service systems and emphasis FP services for the optimal health of the mother, child, and family. The current National Policy aims for a contraceptives prevalence rate of 44 percent and reduction in the total fertility rate to 4 by 2015. It also emphasis the expansion of FP through clinical and community based services. However the use of FP service in Ethiopia is among the lowest in the world. The contraceptives prevalence rate is 8 percent and more than 3.2 million currently married women have unmet need for FP services (CSA and ORC Macro, 2001). In other words Ethiopian married women constitute 3 percent of the global and 13 percent of Sub Saharan African's shares of married women with unmet FP needs. The public sector is the leading provider of FP in Ethiopia. It is the source of contraceptives for 78 percent of women currently using modern contraceptives (CSA and ORC Macro, 2001).

2.11.1 Historical Perspectives of Family planning Programmes in Ethiopia

In Ethiopia FP programs were first started in 1960's by the local nongovernmental organizations (NGO's) i.e. the Family Guidance Association of Ethiopia (FGAE). The primarily aim of FGAE was to provide FP information, counseling, and services to the families who voluntarily expressed their needs to space or limit births. During the first decade of the association, due to

opposition from politicians within the government, religious leaders, and others, the program mainly focused on creating awareness about FP and services were limited to only a few clients or customers. The association was providing FP services on a par time basis in government clinics. They opened the first FP clinics in Ethiopia in 1975 in Addis Ababa. Since the early 1980's FGAE has been slowly expanding its service and running many clinics in different parts of the county (FGAE, 2000).

Mary Stops International- Ethiopia was established in 1990, and is one of the major NGO's providing reproductive health services in Ethiopia to improve FP and reproductive health care for couples and individuals (Haileyesus and Hailegnaw, 2003).

In 1999 Regional Development Associations started providing FP service through community based programs. Due to this, the Amhara Development Association (ADA) is providing service in Amhara region (http://www.telecomnet.et/amhara.html).

The concept and importance of social marketing is not well known in Ethiopia, in some cases, not well understood or fully supported by partners' organizations, including the government, local organizations, and the private commercial sector. A social marketing program of contraceptives method was introduced in Ethiopia in 1990 by DKT. DKT's social marketing strategies use commercial marketing techniques to make primarily health care products accessible and affordable. One of the main objectives of DKT is to increase the contraceptives prevalence in the country supplying contraceptive in accessible and affordable way. Through this program, millions of condoms and contraceptives are being distributed through pharmaceutical outlets, clinics, rural drug vendors, and the community based reproductive health programs. The social marketing program includes education and promotion of FP in different local languages, using various educational materials and mass media. The programme makes FP methods easily accessible at shops and pharmacies. The programme also includes a component to provide social marketing as voulenterly surgical contraceptive methods in partnership with FGAE and MSIE (Packard Foundation –Ethiopia, 2001).

The involvement of the private sector in providing FP services is very important. Pathfinder International –Ethiopia has also taken some initiatives to increase affordable and sustainable access to FP service by replicating successful programs in the private for profit sectors (private

clinics, work places, peer promoters, community based reproductive health's, market places, and petty traders). To improve the quality of FP services provided by the private sector Pathfinder International-Ethiopia is also providing management and service delivery training and supplies. This project has increased the access to contraceptive users (Path Finder International –Ethiopia, 2001).

Government institutions and most NGO's involved in FP programs have incorporated information, education and communication activities in to their programme. The health education centre of the MOH has been working to strengthen its IEC activities on the FP and other health related issues. The IEC programmes focus on the creation of awareness and bringing about attitudinal change towards FP (CSA and ORC Macro, 2002).

Many agencies are providing technical and financial support to FP programs in Ethiopia. UNFPA and USAID are the major donors of contraceptives methods (MOH, 2001C). The other organizations that support FP programs in Ethiopia include the International Planned Parenthood Federation (IPPF), MSIE, the Packard Foundation, Pathfinder International, German Funding Agency for International Development and the British Department for International Development (DFID) (CSA, and ORC Macro, 2002).

2.11.2 Sources of Contraceptives in Ethiopia

Ethiopia imports contraceptive products from abroad. The importation of contraceptives commodities have primarily been driven by international organizations and donor governments. The main donors supported these imports include UNFPA, USAID (through Pathfinder International), Royal Netherlands government, and Packard Foundation (covering operation costs of DKT-Ethiopia).

The main source of contraceptives products within Ethiopia come mainly through social marketing. Social marketing by DKT occurs through agreements with the MOH and the Disaster Preparedness and Preventation Commission (DPPC), which confers the privilege of duty coverage to DKT. Social marketing is also a major source of contraceptives commodities for the private and NGO sector. NGO's may also purchase contraceptives commodities from other

NGO's (mostly FGAE) to respond urgent stock shortage in program areas. The private sector role in contraceptives supply is primarily through the DKT programme (ibid.).

2.11.3 The Need of Family Planning in Ethiopia

The population growth rate in Ethiopia outstrips the gain made in economic development. Therefore, the population issue has become a great concern. The 2000 Ethiopian Demographic and Health Survey (DHS) reported that the total fertility rate in the country stands at 5.9, which is among the highest in Sub- Saharan African countries. Of the currently married women, 14 percent have never heard of FP, while only 17 percent have ever used a method. Current user of FP is very low and stands at 8 percent among the same group of women. Of the currently married women who are not using FP, 46 percent intended to use a method. Among the currently married women, only 22 percent want to have another child soon, 32 percent want no more children, and 36 percent want a child but would like to wait two or more years. Similarly, among currently marred men, 25 percent didn't want any more children, while 43 percent want to wait two or more years (CSA and ORC Macro, 2001).

The Amhara region has the highest proportion of women with unmet need (CSA and ORC Macro, 2002). According to a study CSA and ORC Macro(2002) shows the total demand for FP is 40 percent among those who have no education, 58 percent among those who have primarily education, and 74 percent among those with secondary or higher education (CSA and ORC Macro, 2002). This shows that the demand for FP increase as education level increases.

2.12 Family Planning and MDG's

In 2006, unmet need for FP was added to the fifth MDG as an indicator for tracking progress on improving maternal. A recent analysis concluded that FP is among a handful of feasible, cost-effective interventions that can make an immediate impact on maternal mortality in low-resource settings. FP can reduce maternal mortality by reducing the number of pregnancies, the number of abortions, and the proportion of births at high risk. FP offers a host of additional health, social, and economic benefits: it can help reduce infant mortality, slow the spread of HIV/AIDS, promote gender equality, reduce poverty, accelerate socioeconomic development, and protect the environment. For example, a recent analysis in sub-Saharan Africa found that investing in FP

services would prevent 29% more births of children with HIV than spending the same amount on prevention of mother-to-child-transmission (PMTCT) programs that offer antiretroviral drugs to pregnant women with HIV. Investing in FP takes on additional urgency because it can help to reduce global inequities in health—a fundamental element of the MDG agenda. Some individuals are far more likely than others to suffer unwanted pregnancies and their consequences, which range from possible death and disability to the personal and financial burdens of raising more children than a family wants or can afford (UNFPA, 2008).

UNFPA (2008) key messages include:

MDG 1: ***FP alleviates poverty and accelerates socioeconomic development.*** With fewer, healthier children to provide for, families are less likely to become poor. They are also better able to feed and provide health care for their child, which creates a healthier and more productive workforce that can contribute to the economic growth of the nation as a whole. On the national level, rapid population growth resulting from high levels of unmet need often outstrips economic growth and undermines a country's ability to offer adequate education, health, and other social services to its people.

MDG 2: ***FP can help ensure that all children go to school.*** Families are more likely to be able to educate their children if they have smaller families. For example, some girls are forced to drop out of school early to care for younger siblings. Girls and young women may also be forced to leave school early if they get pregnant.

MDG 3: ***FP promotes gender equality.*** Women have greater opportunities for education, training, and employment when they can control their fertility. This can increase their financial security, decision-making power in the household, and status in the community. Because so much of women's work consists of unpaid household labor and poorly paid work in the informal economy, their increased productivity may go unnoticed and unmeasured. Yet it is still of enormous importance for moving families out of poverty.

MDG 4: ***FP can reduce infant mortality*** by one-fifth to one-third or even more in some settings. Spacing births 36 to 60 months apart reduces malnutrition as well as neonatal and infant mortality.

MDG 5: ***FP reduces maternal mortality*** in three ways. First, it decreases the total number of pregnancies, each of which places a woman at risk. Second, it prevents pregnancies that are unwanted and hence more likely to end in unsafe abortions, which contribute to one in eight maternal deaths. Finally, it reduces the proportion of births that are at greater risk of complications because of the mother's age, parity, or birth spacing. Moreover, a birth interval of at least two years is generally recommended to allow a women body time to recover from extra demands of pregnancy and lactation. An analysis of all maternal deaths occurring in three hospitals in Bangkok between 1973 to 1977 showed that women with in previous birth interval of less than two year had a two-and-a-half times greater at risks of dying than women with a longer birth interval (Eckholm & Newland, 1997).

MDG 6: ***FP can slow the spread of HIV/AIDS.*** Condoms simultaneously prevent HIV transmission and unwanted pregnancy. Contraceptives also enable HIV-positive women to prevent unwanted pregnancies. This is as cost-effective as antiretroviral drugs in reducing mother-to-child transmission of HIV.

MDG 7: ***FP can help protect the environment*** by reducing population growth and the pressures it places on natural resources, such as arable land, fresh water, timber, and fuel (UNFPA, 2008).

2.13 Theories and models in social marketing

Theories and models for social marketing abound, with little formal consensus on which types of models for what types of social problem in what kind of situation in most appropriate in defining what social marketing is, many authors includes the notion of exchange theory to link it to its marketing roots (e.g, Kotler & Roberto, 1989; Lefebvre and flora, 1988; Novelli, 1990). Other writers on the subject omit any mention of exchange theory, either in their definition of social marketing or its key elements (e.g, Andreasen , 1998; Manoff, 1985). Elliott (1991), in a review of the exchange concept's place in social marketing, concludes that "[it] is either abstruse" (page 157). Added to this confusion are other authors who refer to a "social marketing theory" (Gries, black & coster, 1995; Tomas, 1994).

Given the caveats expressed earlier, this chapter will focus on the amore commonly mentioned theories and models in social marketing programs including, health belief model, the related

theory of reasoned action,, social cognitive theory, the transtheoretical modals of behavior change (or "stages of change"), diffusion of innovation and overview of other models /theories mentioned or used in specific contexts.

Health belief model (HBM)

As noted above, this is one of the most widely used theories among pubic practitioners, and many of its major tenets have found their way into numerous social marketing project. HBM was originally designed to explain why people did not Theories and models in social marketing. Participate in programs to prevent or detect diseases. The core component of HBM include.

- Perceived susceptibility: the subjective perception of risk of developing a particular health condition.
- Perceived severity: feelings about te4h seriousness of the consequences of developing a specific health problems.
- Perceived benefits: beliefs about the effectiveness of various actions that might reduce susceptibility and severity (the latter tow taken together are labeled "treat')
- peceived barriers: potential negative aspects of taking specific actions.
- Cues to action: bodily or environmental events that trigger action.

Theory of Reasoned Action (TRA) And Theory of planned Behavior (TPB)

TRA organizes itself around the constructs behavioral and normative beliefs, attitudes. Intentions and behavior. An extension of TRA, the Theory of planned Behavior (TPB) adds the additional construct of self-efficacy- one's perceived control over performance of the behavior in TRA, the most important predicator of subsequent behavior is one's intention to act. This behavioral intention is influenced by one's attitude toward engaging in the behavior oat the subjective norm one has about the behavior. Attitude, in turn, is determined by one's beliefs about both the outcomes and attributes associated with the behavior. Subjective norms are based on one's normative beliefs that reflect how significant referent people appraise the behavior –positively or negatively. Referent may range from one's family, to one's physician, peers or models. The TPB adds the additional construct of perceived behavioral control that is determined by one's

"control beliefs" (the presence or absence of resources and impediments to engage in the behavior) and "perceived power"; the weighting or each resources and barriers.

In their review of TRA and TPB, montano. Kasprazk and Taplin (1997) "cannot enough the importance of conducing in-depth, open –ended elicitation interviews to identify the behavioral outcomes, referent, and facilitators and constraints that relevant to the particular behavior and population "(p.109). these elicitation interview are conducted in the planning sages of the project and usually include 15-20 participant equally divided between those currently or planning to engage in the behavior and those that are not. They noted that TRA/TPB provide a framework for these Theories and models is social marketing. Interviews that programs should focus on to ascertain what beliefs should be the focus on intervention efforts.

Social cognitive Theory (SCT) SCT

Social cognitive Theory (SCT) SCT explains behavior in terms of triadic reciprocality ("reciprocal determinism") in which behavior, cognitive and other interpersonal factor, and environmental events all operate as interacting determinate of each other. In contrast to the previous theoretical models. SCT explicitly recognizes that behavior is not determined by just intrinsic factors, or that an individual is a product of their environment, but that he/she has an Theories and models in social marketing, indlucent on what their others. One of the key concepts in SCT is an environmental variable: observational learning. In contrast to earlier behavior theories, SCT views the environments as not just one that reinforces or punishes behaviors, but it also provides a milieu where one can watch the actions of others and lean the consequences of those behaviors. Processes governing observational learning include:

- Attention :gaining and maintaining attention
- Retention: Being remembered
- Production: reproducing the observed behavior
- Motivational : being stimulated to produce the behavior
  Other core component of SCT includes.
- Self- efficacy: a judgment of one's capability to accomplished a certain level of performance.
- Outcome expectation: a judgment of the likely consequence such behavior will produce.

Conclusion

Trying to depict what theories and models social markets use in designing and implementing programs is daunting task. Social marketers who have advanced degrees, and thus have studied "theories," may by using this knowledge in an a priori fashion decision from what problems t tackle to tackle, how to segment audiences, what program objective should be, which target audiences to choose and how to characterize them, what question to ask in formative research activities, how to develop program strategies and tactics, which ones to choose, how to go about developing and testing them, how to organize the mange the implantation/distribution process. Which message may beat resonate with the target audience, what benefits and barriers are most in need of attention, and how do we best promote our messages, product and services (to theories models in social marketing. List just a few key decision points). My suspicion in that in 20% of cases this is a conscious process. To go back to walsh et al (1993), who conduced more than 30 interviews with leading social marketers, one of their conclusion was that "professional social marketers tend to be broadly eclectic and intuitive thinkers in their use of available theory" another disquieting finding is that there is little understanding of when social markets are using "theory", "models," more the result of specific research studies. There is also the question of whether they know what is a "theory" versus a "model" while there are indication of models ascending to theory status (for example, people referring to "diffusion theory" or "stage of change theory"), what appears to be happing is that social marketers are more " model –based" (stages of change being the most poplar at this particular moments) and that there is some theory (model) –creep (i.e, one model or theory is applied regardless of whether the situation or previous research supports its application).

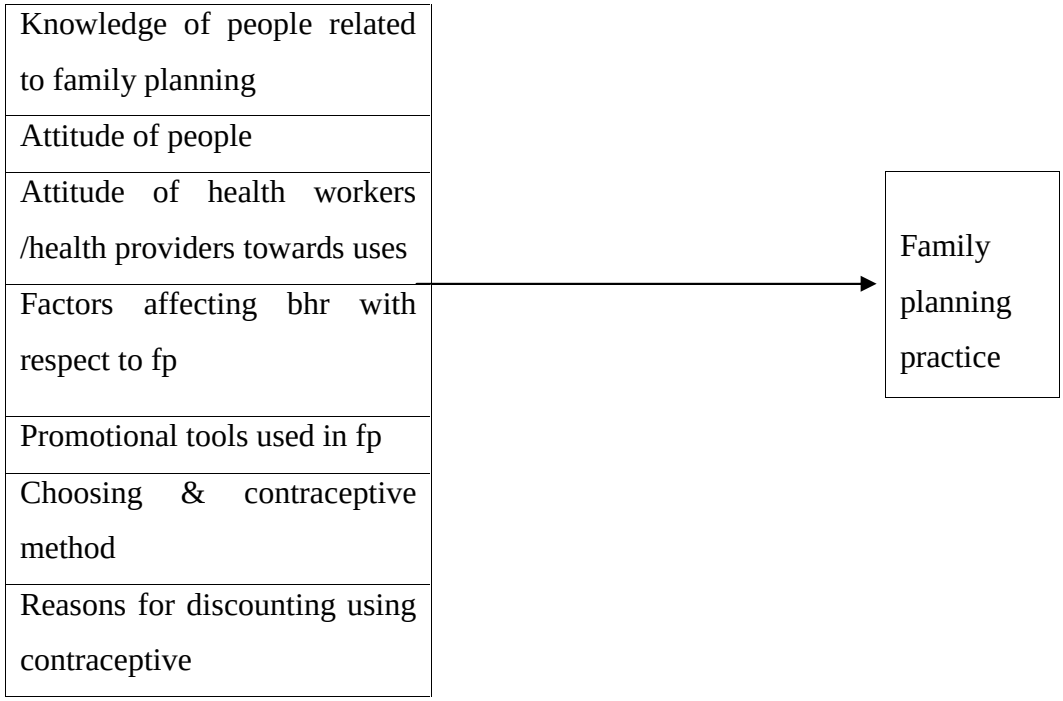
Behavior change is an complex process and the dozens of theories and models to choose from to meet social marketing objective. Too much attention seems to be given to individual theories of change in the published literature, social marketing is not an alternative to individual behavior change strategies, but a process to increase the prevalence of specific behaviors among target audiences (Lefebvre, Lurie, goodman, Weinberg and Loughre, 1995). Social marketers need their knowledge and use of divergent theoretical frameworks as the situation dictates. Winett (1995) demonstrated one approach to integrating social marketing constructs with behavioral theories. In examining the "4ps," he argues that various theories might be most appropriate for

thinking through each component. In his discussion of this integrative approach wintt also most of the behavioral theories seems to focus to predominately on the "promotion" elements of the marketing mix. His suggestion, and one echoed here , is that perhaps more attention needs to give to theoretical models that might add insight to there elements of the marketing process and marketing mix.

Social change is an enormous undertaking and to paraphrase a graduate advisor, " The one with the biggest toolbox wins". Using multiple theories and models to that fit or explain the behavior and situation one is challenged with, including with, include not only the not only the discussed here, but also motivational theories to inform message development, social network theories to inform message dissemination, organizational development and business – to – business marketing models to inform coalition and partnership development and management, political theories and agenda – setting research to inform policy initiatives, cross –cultural theories to informs international social marketing efforts, among other, are what the profession of social marketers needs to aspire to be meet both the personal and social goals of "doing good."

2.14 Conceptual framework

Determent of family p**l**anning practice



CHAPTER THREE

3. Research Methodology

Based on the idea social marketing and its application to positively influence the behavior through changing the attitude of individual to practice the intended behavior related to FP and contraceptive use, the study developed with the methodology applied for research design, sampling, preparing instruments of data collection, data analysis and ethical practice followed during the research work in order to accomplish research objectives.

3.1 Research Design

Research design represents the major methodology driving the study, being the distinctive and specific research approaches which are best suited to answer the research question (Cormack, 1996). The purpose of the research designs, to as stated by Burns and Grove (2001), is to achieve greater control of the study in examining the research problem. Survey research method was applied in this study to assess the human behavior about FP and contraceptive use. Both quantitative and qualitative research methods were used, because the combination can result in gaining the best of both methods especially in social marketing research to get the needed data for decision making. Steckler et al. (1992) delineated the possible model of integrating quantitative and qualitative methods in social marketing and health education research.

The research design for this study is descriptive in nature. The reason for selecting descriptive research designs is to describe the FP from social marketing and consumer behavior perspective and to further explore the knowledge's, attitudes and practices of the people, the attitude maintained by health workers/public health providers towards FP users, factors affecting the individual behavior towards FP and contraceptive uses, and to describe the promotional activities carried out by the social marketers in Gondar town. The target population includes all the people living in Gondar town between the age 15 and 49 years.

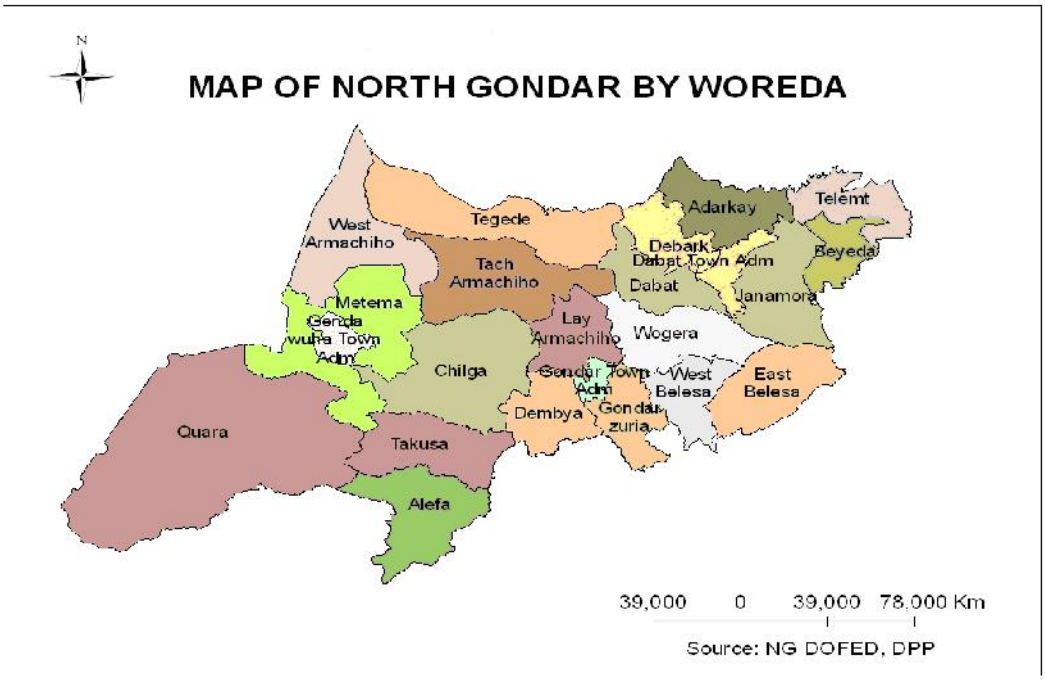
3.2 Study Area

The study was conduct in Gondar town. It's far from 180 K.m in bahirdar the capital of Amhara National Regional State (ANRS), is located in the North Western part of Ethiopia, 32 Km (20 m) north of lake Tana, at an elevation of 2215m(7250ft) meters above sea level and 720 Kilometres

from Addis Ababa, the capital city of Ethiopia. Gondar was founded in 1636 by Ethiopia emperor Fasiladas, Gondar has some of Ethiopia's most important historical sites. The city is famous for its castles and places, most of constructed in the 17th century. Also of note are bath of Emperor fasiladas (built from 1632 to 1667), the library of emperor Johannes I (built from 1667 to 1682), and the remnants of 44 ancient churches.

According to the Central Statistical Authority (Appendex1), the total population of Gondar was 207,044 male 98,120 and the remaining was female 108,924. The sex ratio is unbalanced. There are excess females, though the proportion has shown an improvement in the above consecutive population and housing census results.

3.1: Location of the study Area



3.3 Sample Design

To select a representative sample, the researcher divide the town in to three categories namely inner, middle, and outer based on the relative proximity (location) of the kebeles to the center of the town. The researcher used stratified sampling techniques to select representative samples of the population. A stratified random sampling method were used to ensure equal participation among male and female, user and nonuser, married and unmarried, and people who have child or

not child from FP and contraceptives perspective. In addition, a stratified sample was employed in order to represent all group of the target population in the sample. Moreover, the researcher had chosen stratified random sampling for allocation of sample size.

Then, by using simple random sampling techniques, three kebeles one from each (inner, middle and outer) were selected. After that a total of 400 number of household sample were drawn from each kebele on proportionate to size rule. That is those kebeles that have large number of people deserved large number of samples. Based on these procedures, three kebeles namelyMaraki, medihaniyalem and dimaza were selected. After that the questionnaire were distributed based on systematic random sampling methods for each households.

Sample Size Determination

To determine the sample size the researcher used the following formula.

$$n = \frac{Z_{\alpha/2}^{2} pq}{E^{2}}$$ *, where n=the desired sample size, Z=the standard normal deviation usually set as 1.96 for α =95%, p=proportion in the target Population to have a particular characteristic. If there is no reasonable estimate, then use 50%. i.e* P = 0.5, q=0.5

q=1-p

E=degree of accuracy desired or margin error defined as:

E=. Zα/2 SE, where, SE is the standard error.*

We take e = 0.05 by considering the cost, time and material requirement for the proposed size of sample. In addition to this there is some missing information and population is small for this reason we take the margin of error.

$$n = \frac{(Z_{\alpha/2})^2 p(1-p)}{e^2} = \frac{(1.9\ 6)^2\ 0.5x0.5}{(0.05)2} = 384$$

The 5% contingency sample was 384*5/100+384 = 400.

Therefore the total sample size for this research was 400.

Depending the population size of each kebeles samples were distributed according to the following manner.

Table 3.1: Sample Kebeles and Households

Location	Name of Kebeles	Sample Kebeles	Total Households in the Sample Kebeles[1]	Sample Households[2]
Inner	Maraki,lideta&Abiye izgi	Maraki	7,750	210
Middle	Azezo,medihaniyalem & dimaza	medihaniyalem	3,359	92
Outer	Teda, cherkos & loza mariyam,	Cherkos	3,627	98
Total			14736	400

Source: List of Households from the Respective Sample Kebeles, 2013

Additionally, interviews were conducted with social marketers.

3.4 Data Source

To obtain the necessary data both secondary and primary sources were explored. Various published and unpublished sources were browsed to gather relevant information on the application of social marketing concepts and practices and its impact on the achievement of FP in Ethiopian context. In order to gather the primary data questionnaires and interview were prepared.

3.5 Data Collection Instruments

The data collection instruments were questionnaire and interview schedule.

3.5.1 Questionnaire

A questionnaire was used for people to assess the people knowledge, attitude, practice, the attitude of health workers, and to identify the different factors affecting the individual behavior

[1] This data is taken from Appendix 1A population, households and housing units for urban kebeles by sex: 2007
[2] Proportion of sample kebele population to the total household multiplied by total sample size

for FP and contraceptive use. Questionnaire design was chosen for a number of reasons. Some of the reasons are: it is the most convenient way to elicit information from large group of respondents, relatively cheap to produce, time efficient in terms of data collection and analysis, and ensure a homogeneous stimulus. Structured questionnaires with open ended and close ended questions were used as a tool for data collection. The questionnaires were developed in English and then translated in to Amharic and retranslated in to English to maintain consistency.

In the Likert-scale items, the respondents were asked to report their level of agreement (5 being strongly agree) and disagreement (1 being strongly disagree).

3.5.2 Interview

In order to assess the promotional activities of social marketers to increase the people knowledge, to formulate positive attitude, to increase the practice/usage of contraceptive, and to reduce the factors negatively affecting the individual behavior for FP and contraceptive uses, in-depth interviews were conducted for social marketers. It were believed by the researcher to conduct an interview with DKT-Ethiopia (working its activity through social marketing), Mary Stop-International-Gonder branch, and Family Guidance Association of Ethiopia-Gonder branch; these organizations were selected by using purposive sampling techniques. Finally, the interview was conducted based on the schedule arranged for this purpose. Before interview, the interviewers were briefed about the nature of the interview.

3.6 Personnel and Data Quality Control

In the study, other 3 data collectors assisted the researcher to collect the required data were participated. Moreover, to assure the appropriateness and quality of data collection, following steps were performed:

A. The recruited assistants were completed with 12^{th} grade in old curriculum and 10^{th} grade in new curriculum with some prior experience of similar (research) activities.

B. Training was given to the assistants by the researcher. The issue of confidentiality and privacy were stressed during the training sessions.

C. For those respondents who didn't read and write, the data collectors read the questionnaires for the respondent and fill it based on the respondents' response.

3.7 Reliability Analysis

It is a statistical procedure used to certify that items under observation for an index are representing a single concept and internal consistency. The Cronbach alpha test was used for working out reliability. The alpha test was used to indicate the underlying directions of items consisting of an index. It demands that all the items are coded in the same direction and all the items, which are supposed to be representing the same idea summed up. In social science the data is reliable if the value is 0.50 and above (Nunnally, 1967 cited in Nowicki & Duke, 1983).

3.8 Data Analysis

The most critical stage of the research design is the analysis and interpretation of data. After the data have been collected, the researcher gives full attention for the analysis and interpretation. The methods of analysis for this research were both quantitative and qualitative.

After conducting the survey, the complete questionnaires were returned to the researcher. Then the data will be edited, coded, entered in the computer and analyzed through SPSS 16.0 version.

To analyze the data obtained through questionnaire percentage, average and chi-square were applied.

3.9 Ethical Consideration

The respondents were given privilege of not writing their name and other identity to hide them from unwanted approach to be maintained by other groups. Furthermore; they were assured on the part of treatment of their response in strict confidentiality. No respondents were forced to fill the questionnaire unwillingly and without making the actual purpose of carrying out the research clear to him/her.

CHPTER FOUR

4 Data Analysis and Interpretation

Data thus collected by following the methodology mentioned in chapter three as described earlier, were exposed to various statistical procedures to accomplish the research objectives. This chapter analyzes and interprets of data collected through questioner and interview associated with the research objectives.

All the statistical procedures were carried out using SPSS 16.0 package, in line with the following objectives:

- To analyze the level and knowledge of people regarding to FP.
- õ To analyze the attitude of people towards FP.
- õ To analyze the current FP practice in Gondar town.
- õ To identify the factors affecting individual behavior with respect to FP.
- õ To assess various promotional tools used to bring behavioral change with respect to FP.

4.1 Data Analysis

Analysis of the data as part of the scientific methodology of research process is fundamental to reach to some conclusion. Therefore, in this section, the researcher used different methods of analysis to answer specific research questions. The statistical tools used to for analyzing of the data were descriptive statistics (percentage, tables, and charts) and inferential statistics (chi-square test).

Test of association was performed on the Likert-scaled 20 items measuring respondent's knowledge5 item, attitude 6 item practice of FP 3 item; attitude of health workers/public health service providers; and factors affecting individual behavior of FP and contraceptive use 4 and negative attitude not use 2item.

4.2 Demographic Profile of the Respondents

The demographic profile of the respondents was found to be more or less diverse. Table 4.2.1 gives a breakdown of the sample respondent's demographic profile according to sex, age, marital status, educational level, religion, occupation, monthly income and number of children respectively.

78.2% of the respondents were female and the remaining 21.8% were male (Table 4.2.1). This helps to assess the knowledge, attitude, practice and the factors affecting both male and female towards FP and contraceptives.

over half (52.0%) of the respondents in the study were found to be between 18 and 25 years old, and 19.5% of the respondents were in the age category of 26-35. The total percentages of the respondents from the age category of 18-35 years old were 71.5%. These age categories are the more fertile age category and indicator of future population growth. In addition, these age categories are suitable respondents for issue pertaining to FP practices, since they were at the appropriate childbearing period. In addition 10.5% of the respondents were felled in the age category of 36-45 (Table 4.2.1) Appendix 2.

Table 4.2.1: Percentage Proportion: Demographic Profile

Variables	Characteristics	Percentage (%)	X2	P-value
Sex	**Male**	21.8	43.570	.000*
	Female	78.2		
Age-category	**Less than 18**	14.5	64.246	.000*,a
	18-25	52.0		
	26-35	19.5		
	36-45	10.5		
	Above 45	3.5		
Marital status	**Single**	48.5	88.749	.000*
	Married	34.8		
	Divorced	10.0		
	Widowed	6.8		
Educational level	**Didn't attend the school**	11.0	35.045	.068a
	Primary level	8.8		
	Secondary level	21.5		
	Certificate	17.5		
	Diploma	28.5		
	First Degree	9.5		
	Masters and above	3.2		
Religion	**Christian(Orthodox, Catholic, Protestant and others**	89.5	23.436	.103a,b
	Muslim	10.5		
Occupation	**Government employee**	24.6	39.290	.001*,a,b
	Private sector employee	14.3		
	Business men/Woman	26.6		
	Student	33.6		
	Unemployed	1.0		
Monthly Income	**Less than 500**	54.0	39.920	.001*,a
	501-1000	24.4		
	1001-2000	12.6		
	2001-3000	6.5		
	Above 3000	2.5		
Number of Children	**Zero/no child**	67.2	90.571	.000*,a
	1-2	25.0		
	3-5	5.0		
	Above Five	2.8		

Source: Survey Data, 2013

Littlie half of the respondents that accounted 48.5% were single. 34.8%, 10% and 6.8% of the respondents were married, divorce and widowed respectively. With regards to educational level 11.0% were no attend the school that means respondents who didn't attend any formal education,8.8% of the respondents were primary level; and the rest 21.5,17.5,28.5,9.5 and 3.2% of the respondents were more than primary level, secondary level, certificate, diploma, first degree and masters and above respectively (Table 4.2.1).

A great majority of the respondents (89.5%) were Christians (the majority of the respondent that counted 71.2% were orthodox; catholic, protestant and other Christian followers accounted 4%, 14%, and 0.2% respectively) and Muslim accounts 10.5% of the respondents (Table 4.2.1).

In terms of occupation Government employee accounted 24.6% of the respondents, private sector employees accounted 14.3%, business man/woman accounted 26.6%, students/ unemployed accounted 33.6 and other accounted 1% of the respondents respectively (Table 4.2.1).

A finding pertaining to monthly income level of the respondents in the study area indicated a small proportion of the respondents (6.5% and 2.5%) found in income 2001-3000 and above 3000 respectively. On the other hand, out of the total respondents over half of (54%) had monthly income less than 500. Respondents getting monthly income from 501-1000 and 1001-2000 were 24.4% and 12.6% of the respondents respectively (Table 4.2.1).

More than half of the respondents that accounted 67.2% had no living children, while 25.0%, 5.0%, and 2.8% of respondents had one- two, three-five and more than 5 children respectively (Table 4.2.1).

Chi-square test was conducted for demographic data in order to determine whether there is a significant association between non-user, ex-user, first time user, regular user and potential user status and demographic variables.

Chi -square test revealed a statistically significant relation between sex and contraceptive user status ($p= 0.000^{*}$), user status with age (p=0 .00) and marital status (p =0 .00), respectively). This shows age and marital status have a significant indicator of the user status.

With regarding to education level and religion, the chi-square test didn't reveal a significant relationship between educational level and religion with user status (p=0.068 and p=0.103 respectively).

We can conclude from the above result that, sex, age, marital status, occupation, monthly income and number of children were a good indicator of user status.

4.3. People Knowledge, Attitude and Practice of FP, Attitude of Health Workers, and Factors Affecting Individual Behavior of FP and Contraceptive Use.

4.3.1. Awareness towards FP Method(s)

The survey indicated that awareness of FP to prevent unwanted pregnancy was extremely high among the sample, i.e. almost all of the respondents had ever heard of FP method(s) (Table 4.3.1). From the response one can conclude that, almost all of the respondents have awareness about the existence of FP methods used for preventing unwanted pregnancy.

Table 4.3.1: Percentage of Proportion: Ever Heard FP Method(s)

Items	Options	Count	Percentage (%)
Have you ever heard of FP method	Yes	390	97.5
	No	10	2.5

Source: Survey Data.2013

Table 4.3.2: Percentage of Proportion: FP method(s) known

FP method	Count	Percentage (%)
Pills	**109**	**27.2**
IUD	**24**	**6.0**
Injectables	**112**	**28.0**
Condom	**41**	**10.2**
Norplant	**46**	**11.5**
Female sterilization	**7**	**1.8**
Male sterilization	**8**	**2.0**
Traditional (Calendar/Abstinence/withdrawal…)	**53**	**13.2**

Source: Survey Data 2013

A number of respondents in Table 4.3.2 indicated that, most of the respondents knew more than one method of contraceptives, because the respondents had the opportunity to choose more than

one option. With regard to knowledge of contraceptive methods, a great majority of the respondents were claimed they knew/used injectables and pills (28.0% and 27.2% respectively). 13% of the respondents claimed that they know/utilized traditional methods. This shows some of the respondents may not have an adequate knowledge or unfavorable attitude towards modern contraceptives.

11.5 %, 10.2%, 6%, 2% and 1.8% of the respondents were claimed they knew/using Norplant, Condom, IUD, Male Sterilization and Female Sterilization. The study revealed long term modern contraceptives were less known/ used by the respondents (female sterilization 1.8%, and male sterilization 2% respectively) when compared with short term contraceptive methods. No one of the respondents claimed that s/he have unaware of at least one FP method (Table 4.3.2).

From the information indicated above, one can recognize that injectables and pills were by far the most known/used modern contraceptive methods, where as IUD, male and female sterilizations were the least well known/used modern contraceptive methods. This study shows long term modern contraceptives were the least known /used than short term contraceptives. This result was registered because of most of the activities DKT-Ethiopia and other social marketing organizations working on FP mostly promote short term modern contraceptives like condom, pills and injectables.

Therefore, social marketers need to give due attention for the need of the customer whether they need the method to space or limit the births. Based on their need, the social marketers should segments the customers and provide variety of contraceptive methods based on their preference.

Finally, awareness of the people about the contraceptive methods and knowing the names of contraceptive methods and their function are very important to build a positive attitude about them and to increase the usage and practice of the FP services and contraceptives. In addition, people who have aware of different contraceptive methods, know where they can be obtained, understand their side effects, and know how to use, have form positive attitudes and practice the method because knowledge, attitude and practice have positive relationship.

4.3.3. Source(s) of Information

After the consumers become aware of their needs, they search different information about FP services and contraceptives. To know their source of information is important for social marketers to influence the people positively. A number of respondents claimed they have got FP information from more than one promotional source (figure 1). The sources of information are both mass communication and personal communication activities. These shows the more the media source the people get information about FP and contraceptive use the more the people use the methods. But the social marketers should give due attention for the channel of the communication and the messages they promote for each targeted customer groups.

Among the mass communication promotional activities radio (28.5%) and television (20.0%) were the main source of information for the respondents. On the other hand among the personal communication activities personal selling (Health Extension workers) were the source of information for (15.5 %) of the respondents (figure 1)..

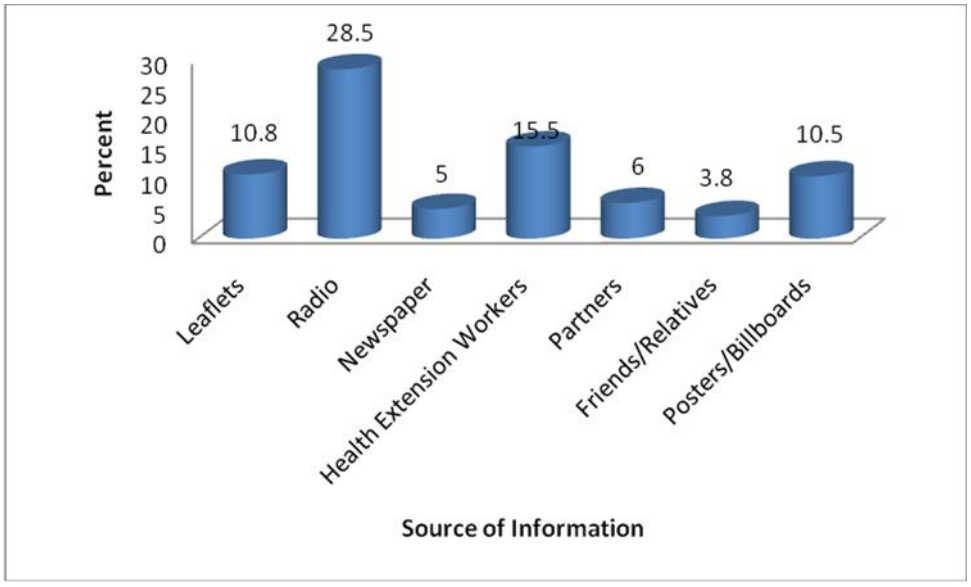


Figure 1: distribution of sources of information about family planning in Gondar Town, Aug. 2013.

In addition, 10.8% of the respondent claimed they got information from leaflets. Finally 5.0%, 3.8%, 10.5% and 6% of the respondent claimed and, newsletter, Friends/Relatives, Posters/Billboards and Partners were their main source of information respectively (figure 1).

The chi-square test reveled there is a significant relationship between non-user, ex-user, first time user, regular user and potential user status (p=.000)

As it was observed from the response, the respondents have got information from both mass media and personal media sources. The majority of the respondents have got information from radio, television and health extension workers.

Therefore, the social marketers should address the society unmet needs by using integrated marketing communication tools. The customers were highly processed and give attention for the information which is related to their needs, desires and life styles because customers are vary in their intention, attitudes, ability and others. Due to theses, social marketers should segment the customer and address them by using different promotional modes and by designing different messages related to each targeted segments.

4.3.4. Knowledge Related Access of Contraceptives

Table 4.3.4: percentage proportion: Place(s) where Contraceptives Obtained

Places where contraceptive obtained	Count	Percentage (%)
Hospital	73	18.2%
Health Stations	140	35.0%
Shop/Kiosks	16	4.0%
Pharmacy	86	21.5%
Health Extension Workers	52	13.0%
Work place	10	2.5%
Friends/Relatives	23	5.8%

The above table depicts, the respondents (35.0%) claimed health stations were the main place of contraceptives. Similarly 21.5% and 18.2% of the respondents claimed pharmacy and hospitals are their main place to get contraceptives. In addition 13%, 5.8%, 4% and 2.5% of the respondent claimed health extension workers, friends and relatives, shop and kiosks, and work place are their main place they got contraceptives respectively (table 4.3.4)

The chi- square test revealed there is a significant relation between place and non-user, ex-user, first time user, regular users and potential user status (p=.000).

From the response one can conclude that, respondents get contraceptive methods from more than one source. This ensures physical accessibility of the method to some extent.

Therefore, the social marketers should provide varieties of contraceptive methods and should available the methods in different places, in order to increase the contraceptive practice.

4.3.5. Knowledge Regarding to the Concept and Purpose of FP

Table 4.3.5: Percentage of Proportion: concept/purpose of FP

The main purpose/ides behind FP	Count	Percentage (%)
To limit the family	86	21.6%
To have an interval b/n births	160	40.1%
To stop delivering births	25	6.3%
To prevent sexual transmitted disease	30	7.5%
To avoid unwanted pregnancy	98	25.6%

Source: Survey Data

Respondent's knowledge related to the basic purpose/idea behind FP was investigated through various assumptions by asking different options for each respondent and by giving opportunity to choose more than one options and their response were presented in the above table. About 40.1% of the respondents termed use contraceptives to have an interval between births. 25.5% and 21.6% of the respondent claimed they use contraceptives or family planning methods to avoid unwanted pregnancy and to limit the family. The remaining 7.5% and 6.3% of the respondent claimed they use family palling methods to prevent sexual transmit disease and to stop delivering births consecutively (Table 4.2.5).

The chi-square result revealed there is a significant relationship between the basic purpose of FP and non-user, ex-user, first time user, regular user and potential user status (p=.000)

The finding suggested, the respondents have better awareness and knowledge about the concept of FP, and its purpose/use. Having better knowledge regarding to FP purpose and contraceptive uses have a good indictor to form positive attitude and to use the methods.

4.3.6. User Status of Contraceptives

As the response given below in Table 4.3.6 it can be observed that, the majority of the respondents were potential users and non-users, they accounted 25.8% and 25.5% respectively. On the other hand ex-user accounted 22.5 % of the respondents, 13.5% of the respondents and 12.7% were regular and first time users respectively (Table 4.3.6).

The result shows a great job is left for social marketers. In order to have children's based on our plan; we should use the contraceptives or FP methods regularly. The study revealed most of the respondents were not used the method.

According to the information stated, one can divide the respondents based on their response as currently contraceptive users and currently contraceptive nonusers. The total percentage of current contraceptives users accounted 26.3%. Even if the respondents had the awareness about contraceptives, good knowledge about the importance of contraceptive in spacing births, even if they have knowledge about the place where they get contraceptives, 26.2% were currently using the method. On the contrary, (73.8%) of the respondents revealed they are not currently using contraceptive (Table 4.3.6).

Table 4.3.6: Percentage of Proportion: User Status of Contraceptives

How do you find yourself on the part of using contraceptives?	Options	count	Percentage (%)
	Non-user	102	25.5%
	Ex-user	90	22.5%
	First time user	51	12.7%
	Regular user	54	13.5%
	Potential user	103	25.8%

Regarding to the users status respondents were dividing in to users and nonusers. The users also categorized in to first time users and regular users. On the contrary, the nonusers categorized as non-users, ex-users and potential users.

Therefore, the social marketers should segment the people based on behavioral segmentations (user status) and targeting those by using differentiated targeting strategies. The promotional activities used for nonusers should be different from the promotional activities used for users. Moreover, the promotional activities used for potential users should be different from the promotional activities used for non-users and ex-users in addition to using different promotional activities for regular users and first time users.

4.3.7. Choice of Contraceptive Method(s)

Respondents were asked the decision making process who chose contraceptive for a consumer and figure 2: revealed their response. I and my partner, I, and Health workers that accounted 26.8%, 26.2%&25.8% respectively choose the method. 14.8% and 6.5% of the respondent figure 2.

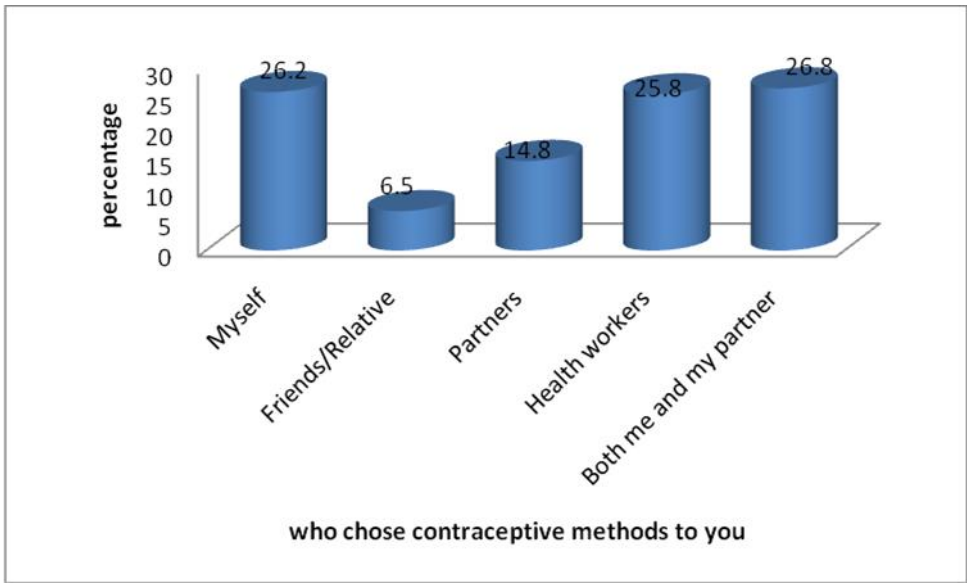


Figure 2: distribution of choosing contraceptive Method(s) about FP in Gonder Town, Aug, 2013.

From the response made one can be concluding that, I and my partner, final consumer itself and joint decision between partners accounted the three major deciders for the final consumers to choose contraceptive.

Therefore, the social marketers should give due emphasis for the final decider to chose contraceptives (informal interpersonal communicators) and try to influence their decision process to use contraceptive by incorporating the promotional messages addressing the different purchasing units.

4.3.8 Reason for Discontinuation

People who use contraceptive at one time may discontinue the method due to various reasons. The following table shows the main reasons for the discontinuation of the respondents by giving the opportunity to choose more than one option. Most of the respondents accounted 40.7% declared their main reason was need of additional children. The second and the third main reason were health concern and menopausal respectively (17.8% and 15% of the respondents). (Table 4.3.8)

Table 4.3.8: Percentage Proportion: Reason for Discontinuation

Reasons for discontinuation	Count	Percentage (%)
Want more children	163	40.7%
Menopausal	60	15.0%
Health concern	71	17.8%
Death of partner	31	7.8%
Religious opposition	30	7.5%
Partner Disapproval	25	6.2%
Due to pregnancy	20	5.0%

Source: Survey Data

The remaining 7.8% 7.5% 6.2% and 5% were claimed death of partner, religious opposition, partner disapproval and due to pregnancy were their main reason for discontinuation.

From the responses one can conclude that want more children, health concern and menopausal were their main reasons for discontinuation. On the other hand death of partners, partner disapproval, and accounted the least reason for discontinuation.

Therefore, the social marketers should give due attention for the main reason of discontinuation in order to change the ex-users to regular users and to reduce the current users from discontinuation. In addition, dissatisfied customers are the main source of negative word of

mouth communication due to these, knowing the main reasons of customers for discontinuation of the service/methods helps to reduce negative word of mouth communication. Moreover, knowing the reason for discontinuation helps the social marketers to reduce discontinuation among currently users of contraceptives. Due to these the content of the message should address the reasons and should give counter information for the negative word of mouth communications.

4.4 Interview Conducted with Social Marketers

1. **What are the promotional activities used to reach the people of Gonder town to increase their knowledge and to develop positive attitudes towards FP services/contraceptive usage?**

Piotrow et al. (1992) demonstrated the importance promotional activities to increase knowledge, to change attitudes and alter behavior among the general public. By understanding the importance of different promotional activities all the three organizations uses mass media and interpersonal communication/promotional activities to increase people knowledge, to develop positive attitude, and to increase the usage of FP services and contraceptive methods in Gonder town. Mass media is better to reach the general population and interpersonal communication activity is better to reach the specific target population. The result of quantitative research section shows that, the respondents have got information related to FP service and contraceptive methods from Television, Radio, Leaflets, Newspapers, Health extension workers, Partners/Relatives, and Posters/Billboards. These show the respondents get FP information from integrated marketing communication sources/tools.

Mass media communication techniques have been found to be an effective way to diffuse information about FP and to effect changes in attitudes toward and practice of contraception in a variety of populations (Rogers & Rogers, 1976; Rogers & Kincaid, 1981; Gallen & Rinehart, 1986; Bertrand et al., 1987; Hornik, 1989, 1990; Piotrow et al., 1990; Westoff et al., 1994a, 1994b; Guilkey et al., 1995; cited in Kane et al.,1998; Piotrow et al., 1992; Valente et al., 1994; Westoff & Rodriguez, 1995).

However all the three informants said their aim in the promotion activities were to increase awareness to the general public, in addition to product promotion. Both product promotion and awareness creation have more useful to create awareness. In the quantitative research section, awareness creation changes belief, attitude and practice of the people. However, awareness itself is not a sufficient condition to change nonusers to users. In order to change the behavior of the people to practice the method/service, the knowledge, attitude, and belief should also addressed within the social marketers promotional activities/messages.

Kottler and Lee (2008) explained, in determining the promotional activities the social marketers should make decision regarding to the message, the messenger, and the communication channels to change the behavior.

The social marketers should also have the knowledge of their customer's adoption stage. For example according to Kane et al. (1998), at the early stage of adoption of modern contraceptive practice, traditional norms, values, and beliefs remain strong. In these cultural contexts, messages about FP may have to be presented in a particular acceptable ways. The use of traditional media such as songs, music, plays and proverbs using local languages in familiar settings are one strategy for reaching segments of some populations that are illiterate or close tied to certain beliefs and practices.

The specific promotional activities DKT, Mary Stop and Family Guidance Association uses were T-shirts, Automobiles (Buses and Bajaj), mobile video unit (to demonstrate the products), films, electronic media, key handling materials, billboards, broachers, newspapers, leaflets, posters, personal selling, radio (FM-Amhara, Gonder), television (Ethiopian television) and the like. Different studies shown that, the more the type of the media sources of FP messages, the greater the likelihood of contraceptive use (Jato et al., 1999). In addition, Kane et al. (1998) showed that contraceptive knowledge and use, and more favorable attitudes towards FP were positively associated with the number of media intervention.

Therefore, the social marketers should due emphasis for the knowledge, belief and attitude in their promotional activities in order to help the people to have complete knowledge and positive belief and attitude towards FP and contraceptives in addition to selection of the promotional channels and messengers. In addition, by analyzing the knowledge, attitude and practice of the

customer, the social marketers should design the message and promote the needed information through key information sources by strengthen the usage of radio, television and health workers in addition to other information sources. Moreover, the social marketers should analyze the customer adoption stages and use appropriate media like traditional media settings in addition to the media used centrally. By doing these they can increase the users of contraceptives.

2. **Does the communication strategy vary to different groups/people? What mode of communication the organizations use to reach the different groups of individuals?**

Literatures mentioned the importance of segmentation. According to Hertog et al. (1993) targeting a segment of the population is one of the most important steps in planning a media campaigns. They further stated that "populations are segmented according to their needs, knowledge, attitudes, motivation, and behavior". This segmentation is needed to aid in developing strategies that can influence the attitude or behavior changes of particular subsets of the population. In addition Anderson (1995) stated, market segmentation and targeting has a number of advantages over undifferentiated or mass marketing, specifically it allows a particular set of marketing strategies and tactics to be developed in order to meet the unique needs of a certain group. Kotler et al. (2002) also argued that, market segmentation and subsequent targeting have a number of strategic advantages including increased likelihood of social changes, increased effectiveness and efficiency, a basis for resource allocation, and input for developing strategies.

Strictly, speaking, DKT-Ethiopia Gonder branch and other organizations including in the study were not currently using segmentation in their promotional activities to address the people of Gonder. DKT use rural booklets for rural population i.e. for people living in rural area. The booklet contains large figures that help the rural population to increase their awareness. As the demographic profile of the respondent in Gonder town shown 11.5 percent of the respondents have no attend the school these people can be addressed through these booklets like rural people. Therefore, the social marketers should use these booklets not only to the rural society but also it is advisable to use in the urban by segmenting the people based on educational level.

However, the messages they use to promote the people living in urban areas were the same. They are not segmented their promotional messages based on awareness, knowledge, belief, attitude

and behavior/practice. The message they use for nonusers, ex-users, first time users, regular users and potential users were the same. In addition, the people also vary by the information they want. Some customers need the information to create awareness, the other may need the information related to the different contraceptive methods, some other wants the information motivates them to use the product and the like.

All the informants believed that, the awareness creation helps the people to use FP and contraceptive methods. But the quantitative study shows even if it has a positive impact toward the practice/use of the method it is not sufficient to change the behavior. Due to these the social marketers should give due emphasis for the other elements of consumer behavior elements.

The modes of promotion DKT and other organizations have been used were mass media, selective media, and personal media channels. Mass media channels are used when attempting to inform a large group of people about an issue in a short period of time. In addition, mass media helps FP customers expose in radio and television dramas or spots to model specific behaviors such as speaking out about their needs, answering questions in depth, asking questions, and weighing the advantage and disadvantage of contraceptive methods. Selective media channels are used to provide an access to audience with in a more detailed description of the desired behavior via flyers, posters, telemarketing, internet, calendar, etc. Personal media channels provide person-to-person delivery of the messages (Kottler & Lee, 2008; Piotrow et al., 1992).

Mass media are the most important tool for creating awareness of social products. On the other way, interpersonal communication or promoting through personal media can be a good tool in forming positive attitude towards to FP and adopting contraceptives. For creating awareness and arouse interest mass media is the most important tool. In addition to use mass media the social marketers in Gonder town have been used selective media and interpersonal communication to create awareness. But it is advisable for the social marketers after they create awareness and arouse interest they should use other media channels to increase the people knowledge, to formulate positive attitude and to motivates the nonusers to practice and regularly use the methods/services.

Moreover, the effectiveness of various media depends on the target audience that the marketers want to serve. The communication channel selected should be ones that target audience comes in

to contact with on a regular basis as well as perceive as being credible, since familiarity with in a medium and with the performers makes it easier to get the message accepted (the European Association for Communications Agency [EACA], 2010).

Therefore, the social marketers should strengthen the use of integrated marketing communication to arouse interest, to create awareness, to formulate positive attitude towards FP and contraceptive and adopting a method. In addition in choosing of the media channel, the social marketers should analyze the nature of target audience, education level and media habit, and impact (credibility of the media with the target audience) Jha (1999) cited in Morrison (2005). Moreover, the social marketers should segment the people based on the consumer profiles and tailored their promotional strategy to address the issue in most effectively and efficiently manner.

3. **What kind of activities do you use to reduce the factors negatively affecting the individual's behavior to practice/use FP and contraceptives?**

In order to reduce the factors negatively affecting individual behavior the main promotional activities all the three organizations were used interpersonal communication activities with the health workers. All the three informants give training to the health workers to give adequate information regarding to FP and contraceptive during counseling in order to avoid negatively influencing factors for actual users. Even if they said they give adequate training to the health workers to give information before the customers use the method, DKT-Ethiopia Gonder coordinator said "that I know a person who use Norplant and avoid the method from her body through needle". From these one can understand that the health workers should give adequate information, and after the people have positive attitude and, by understanding the customer readiness stage to use the method and want to use the method, the health workers should give the contraceptives rather than forcing them to use the method.

Mary Stop international Officer Gonder branch stated that they use satisfied customers to reduce the factors negatively affecting. They also use word of mouth communication by using satisfied customer with the method in order to avoid negative rumors.

Therefore, the message the social marketers use should focus on the factors affecting individual behavior to use the service (individual perception and service quality, socio-economic belief,

inconvenience, and the message that motivates them to experience the method) and the messages should promote by using integrated marketing communication tools that addresses both actual and potential users in addition to addressing the customer through health workers.

4. **What communication/promotional mechanisms are designed by the organization to bring favorable changes in the attitudes of service providers towards the clients?**

All the three informants said that, they give continuous training for health workers. According to DKT-Gonder Coordinator for each FP service and contraceptive product they give refresher training before they distribute the methods. The first task DKT did is first creating awareness to the service providers/health workers like they create awareness to the customers. For example DKT distribute IUD only if the health workers have good knowledge of how to insert the method.

The social marketers said when they give adequate training for health workers; health workers maintained positive attitude towards FP users and they use the information when they counseling their clients.

CHAPTER FIVE

5. Conclusion and Recommendations

This chapter builds upon the analysis and interpretation maintained in the previous section. A conclusions and recommendations based on the findings are forwarded to develop the best out of the concept of social marketing for family planning in a nation in general and Gonder, in particular.

5.1. Conclusion

Based on the previous discussion pertaining to consumer behavior towards FP and its association with social marketing-promotion and other factors, following concluding statements may appear.

The study found to be proven that there exist a significant relation between age, marital status, and number of children with contraceptive user status.

All of the respondents were approved there exist high awareness about the existence of FP programs/methods to prevent unwanted/mistimed pregnancy and they know more than one contraceptive method. These helps to the customer to choose more than one method and to find a method that best fit with them. In addition, the availability of more than one method has its own impact on the practice of the methods. The study revealed that, short-tem contraceptives were the most known/used by the respondents than long term contraceptives. This is due to most of the activities the social marketers promote were short term contraceptives (pills, injectables, and condoms).

The finding of the study was shown that, the two major influencers of the consumer to choose the contraceptive consumption decision were the final consumer itself and the joint decision between the partners. Moreover, the finding of the study revealed that the main reasons for the discontinuation of contraceptive use were the need for additional child and health concern. Understanding the main reason of discontinuation helps to change the ex-users to users and to reduce the discontinuation rate among currently users in addition to helping to reduce the negative word of mouth communication that arises from discontinued customers.

The finding of the study didn't prove any difference between male and female with regarding to awareness, knowledge, belief, attitude, practice, attitude of health workers maintained, and the factors affecting individual behaviors (perception and service quality, socio-economic belief, inconvenience and experience towards FP and contraceptive uses).

There is a significant difference between users and nonusers in knowledge and belief the respondents maintained towards FP and contraceptives, that needs market segmentations and differentiated marketing strategy to increase knowledge and to formulate favorable belief.

The study revealed the respondents were high awareness, good knowledge, favorable belief and positive attitude but all these dimensions were not sufficient to get the benefit from social marketing to FP. Attitude has positively associated with knowledge, belief and practice of FP and contraceptives. Moreover, the belief the people maintained towards FP and contraceptives was positively related to attitude, and the practice/use of the contraceptives and FP services.

As the marketing activities like promotion increases, awareness will increase and finally belief, attitude, and practice towards FP and contraceptives will increases. In addition, knowledge of the respondents maintained towards FP and contraceptives have positive relation with attitude, i.e. when the knowledge of an individual increases that will help them to maintain positive attitude towards the concept in the study. Moreover, the more the positive attitude an individual maintained it will increased the practice/use of the method. Therefore, there exist a link between consumer behavior profiles and the social marketing activities/elements.

The public health service provider/health workers maintained positive attitude even if it is not sufficient. The study explained the mean value for attitude of health worker was more than average and the majority of the respondents get FP information from health workers, these shows the service provider maintained positive attitude. The attitude the health worker maintained towards FP and contraceptive had positive relation with awareness of the respondents about the service and the methods. Therefore, to increase the people awareness, the organizations working on FP strengthen their activities to formulate positive attitude with the health workers through like giving different training pertaining to the issue in the study.

The main factors affecting individual behavior of FP and contraceptives were the individual perception and service quality, socio-economic belief, inconvenience, and experience. The study didn't disclose a significant difference between users and nonusers within these factors. However except perception and service quality all the three factors affecting a little bit more nonusers than users.

The study shown that, individual perception and service quality have positive relation with socio-economic belief, inconvenience, awareness and knowledge, and experience. This shows socio-economic beliefs the society maintained towards FP and contraceptives affect perception and service quality. Negative perception and service quality also creates inconvenience to experience the service. In addition, knowledge and awareness the people maintained affects the perception and service quality of FP and contraceptives. Moreover, experience also change or affect the perception and service quality the society maintained.

With regarding to promotion, the main objective of promotional activities for social marketers in Gonder town was to increase the people awareness towards FP and contraceptives. As the finding in the quantitative section shows, awareness itself is not a sufficient condition to change the behavior of the people to use/practice the methods even if it have a positive relation with practice. Therefore, the social marketing organization in addition to the government unit and other NGO's working on FP would better work in addition to awareness, it is advisable to focus on knowledge, belief, attitude, and on the different factors affecting the individual behavior to use the service like perception and service quality, socio-economic belief, and inconvenience to sell the benefit of behavioral change and motivate the target customer to use FP and contraceptive.

The main source of information the respondents had get FP and contraceptives were both mass communication promotional sources and interpersonal communication sources (from integrated marketing communication sources). Among mass communication activities radio and television were the main source of information. On the other hand, from interpersonal communication activities the main source of information was health workers (public health service providers). Moreover, the channels of promotion the respondent get were both mass media channels, selective media channels, and personal media channels. This implies for social marketers that,

radio, television, and health workers are the main channels for diffusion of different information related to FP and contraceptive products.

The social marketers in Gonder were use mass media, selective media and personal media channels to create awareness towards FP and contraceptive methods. Using integrated marketing communication channel/tools is important to change the behavior of individuals, the family, and the community to the intended manner. To get the benefit from integrated marketing communication activities, the message should be designed to address the different target group needs. The social marketer may use mass media to create awareness while personal media source may better to motivate the people to use the method. Moreover the social marketers in Gonder town have used undifferentiated /mass marketing strategy, by using undifferentiated marketing activities it is difficult to address the needs of different groups.

5.2. Recommendations

Based on the findings and conclusion, the following recommendations are forwarded:

1. The social marketers should encourage and promote to use long term contraceptives in addition to short term contraceptive methods by understanding the different customer needs. Moreover, the social marketers should provide varieties of contraceptives to increase the contraceptive utilization and to meet the customer needs/preferences in addition to make accessible the contraceptive both physically and socially.

2. Since segmentation helps social marketers to identify groups which lacks information or which have particular needs, as well as to consider the most effective communication channels to reach them with scarce resource, the social marketers should use segmentation strategies based on behavioral segmentation by categorize the customer as non-user, first time user, regular user, ex-user and potential user because becoming a regular user of FP is a gradual and complex process and it is not expected that all respondents upon exposure of FP information would begin to use contraception.

3. The two major influencers of consumer for contraceptive consumption decisions were the final consumer itself and the joint decision between partners. Therefore, the social marketer in their promotional messages should incorporate motivational messages and

the message that encourages the joint decision for the customers who decide jointly. For those consumers who decide to choose the method lonely, the social marketers should motivate and increase their self confidence to practice/experience and continuously use the method by using different media. In addition, the social marketers in their marketing activities should address all the purchasing units of contraceptives and informal interpersonal communicators in order to increase the contraceptive users.

4. There is a remarkable difference between users and nonusers in the dimension of knowledge and belief the society maintained towards FP and contraceptives. This suggests that the social marketers in their marketing activities should use segmentation strategies and use differentiated targeting strategies between users and nonusers regarding to these dimensions to change the customer behavior positively.

5. As practice/use towards FP and contraceptive was reported as positively associated with the individual awareness, belief and attitude; as the individual attitude had positive association with awareness, knowledge, and belief; as belief positively associated with awareness, the social marketing organizations, other NGO's and government units by intersectorial coordination would better work on increasing awareness, knowledge, belief, and attitude to address all the society to met the unmet need and to change the behavior of the society towards FP program.

6. Attitude of the health providers towards the concept was reported as positively associated with awareness, when service providers maintain positive attitude it helps to increase contraceptive users by increasing customer awareness. The health workers should have positive attitude to give accurate, user friendly information and services for their customer during counseling and delivering of service. In addition, FP service providers should take the service to the customers rather than bringing the customer to the service. Therefore, NGO's and government units in addition to the social marketers would better work on strengthening their activities like giving different training for the service providers/health workers in order to have favorable attitude towards FP and contraceptive methods. By doing these the social marketers and other concerned bodies increase the user of FP services and contraceptive products.

7. Since the socio-economic belief towards FP and contraceptives have positive relation with individual perception and service quality, the marketing activity like promotion should address the socio-economic belief in order to reduce the individual negative perception towards FP and FP service quality, by doing so the social marketers positively change the individual behavior to use the method. In addition, awareness and knowledge, inconvenience, and experience had positive relation with perception and service quality. When the social marketer in their promotional activity addresses to increase knowledge and awareness, it will reduce the individual negative perception about FP and the service quality. These will also increase the experience of the methods. Moreover, the social marketers should address in their promotional strategies to increase positively the individual perception and increase service quality in order to reduce the inconvenience of the service.

8. As the marketing activities like promotion addresses the people to increases socio-economic belief positively towards FP and contraceptives, it will reduce the factor related to inconvenience and it will helps the people to experience the service and the method. In addition, when the marketing activity increases the people awareness and knowledge, it will reduce factors negatively affecting socio-economic belief towards FP and contraceptives. Moreover, when the social marketers increase people awareness and knowledge it will help the society to experience the service.

9. To sell the benefit of behavioral change and motivate the target customers to perform the actions in the intended manner, the promotional activity carried out by the social marketers should give due emphasis to increase the customer knowledge, to formulate positive attitude and belief towards to the service and the method, and to reduce the factors negatively affecting the individual behavior to use the service like individual perception and service quality, socio-economic belief, and inconvenience in addition to creating awareness. To do these, the social marketers should:

    - ✓ Segment the target audience based on knowledge, belief, attitude, and behavior, and use differentiated marketing strategies because different situations regarding to these dimensions necessitate different communication strategies.

- ✓ Use impersonal information source in awareness stage, in addition, they should intensively utilize personal information source to change people belief and attitude positively, and to motivate the customers to trial and continuously use FP services and contraceptive methods.

- ✓ Use cultural sensitive promotional activities and adaptation promotional strategies in addition to the promotional strategies centrally designed.

- ✓ Intensively utilized word of mouth communication to reduce the factors negatively affecting individual behavior and to motivate the nonusers to practice /experience the method in addition to using the known community leaders celebrities, artists, and respected individuals (opinion leaders) because using opinion leaders helps the customer to model specific behavior and helps to mobilize the people to reduce the fertility rate.

10. The social marketing concept should be fully exercised in Ethiopia to meet MDG's in health sector in general and FP program in particular by establishing effective coordination and networking among government agencies, NGO's, and the private sector institutions that are involved in the provision of FP services.

11. Finally, communication campaigns the social marketers use should be:

    - ➢ Communicating the basic information regarding to FP and contraceptives like how to access, the benefit, and others should be communicate to the general public.

    - ➢ Correcting misconception about FP and contraceptive methods.

    - ➢ Motivating non users to practice the method and motivating the users to continuously use the service.

    - ➢ Encouraging social mobilization to address the society through integrated marketing communication channels, since social network is important in the spread of knowledge, in forming positive attitude and to motivate potential user, nonuser, and ex-user to use the methods.

- Portrays providers as concerned advisors and customers as active decision makers.
- Develop target specific messages that take the social and cultural situation in to consideration and use appropriate channel.
- Promote the practice of contraceptive as accepted behavior, pointing out some of the economic, social, and health advantage of smaller family size achieved through effective FP and contraceptive practices.

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Appendix 2: Distribution of Status of Contraceptive Use in Demographic factors

		Status of Contraceptive Use										Total		Chi-square	P-value
		Non-user		Potential user		Ex-user		First time user		Regular user					
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Column N %		
Sex	Male	27	31.0%	17	19.5%	5	5.7%	28	32.2%	10	11.5%	87	21.8%	43.570	.000*
	Female	75	24.0%	73	23.3%	46	14.7%	26	8.3%	93	29.7%	313	78.2%		
Age of the Respondent	less than 18	21	36.2%	16	27.6%	6	10.3%	4	6.9%	11	19.0%	58	14.5%	64.246	.000*,a
	18-25	54	26.0%	54	26.0%	12	5.8%	42	20.2%	46	22.1%	208	52.0%		
	26-35	17	21.8%	15	19.2%	16	20.5%	5	6.4%	25	32.1%	78	19.5%		
	36-45	9	21.4%	4	9.5%	10	23.8%	3	7.1%	16	38.1%	42	10.5%		
	Above 45	1	7.1%	1	7.1%	7	50.0%	0	.0%	5	35.7%	14	3.5%		
Marital Status	Single	75	38.7%	57	29.4%	12	6.2%	19	9.8%	31	16.0%	194	48.5%	88.749	.000*
	Married	12	8.6%	27	19.4%	19	13.7%	30	21.6%	51	36.7%	139	34.8%		
	Divorce	10	25.0%	4	10.0%	10	25.0%	4	10.0%	12	30.0%	40	10.0%		
	Widow	5	18.5%	2	7.4%	10	37.0%	1	3.7%	9	33.3%	27	6.8%		
Occupation	Government employee	18	18.4%	17	17.3%	14	14.3%	14	14.3%	35	35.7%	98	24.6%	39.290	.001*,a,b
	Private sector employee	7	12.3%	12	21.1%	9	15.8%	11	19.3%	18	31.6%	57	14.3%		
	Business man/woman	30	28.3%	18	17.0%	16	15.1%	17	16.0%	25	23.6%	106	26.6%		

	Student	45	33.6%	43	32.1%	12	9.0%	12	9.0%	22	16.4%	134	33.6%		
	Unemployed	1	25.0%	0	.0%	0	.0%	0	.0%	3	75.0%	4	1.0%		
Monthly Income (ETB)	Less than 500	72	33.5%	54	25.1%	23	10.7%	22	10.2%	44	20.5%	215	54.0%	39.920	.001[*,a]
	501-1000	15	15.5%	20	20.6%	10	10.3%	20	20.6%	32	33.0%	97	24.4%		
	1001-2000	7	14.0%	7	14.0%	11	22.0%	6	12.0%	19	38.0%	50	12.6%		
	2001-3000	7	26.9%	4	15.4%	4	15.4%	3	11.5%	8	30.8%	26	6.5%		
	Above 3000	1	10.0%	4	40.0%	3	30.0%	2	20.0%	0	.0%	10	2.5%		
Number of Children	Zero	88	32.7%	77	28.6%	14	5.2%	35	13.0%	55	20.4%	269	67.2%	90.571	.000[*,a]
	1 - 2	10	10.0%	10	10.0%	26	26.0%	19	19.0%	35	35.0%	100	25.0%		
	3 - 5	2	10.0%	1	5.0%	6	30.0%	0	.0%	11	55.0%	20	5.0%		
	Above 5	2	18.2%	2	18.2%	5	45.5%	0	.0%	2	18.2%	11	2.8%		

Appendix 2: knowledge about family planning

		Status of contraceptive use										Total		Chi-square	P-value
		Non-user		Potential user		Ex-user		First time user		Regular user					
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Column N %		
Which of the following family planning methods you are known to	Pills	31	28.4%	19	17.4%	18	16.5%	12	11.0%	29	26.6%	109	27.2%	46.990	.014[a,*,b]
	IUD	3	12.5%	5	20.8%	4	16.7%	3	12.5%	9	37.5%	24	6.0%		
	Injectables	30	26.8%	22	19.6%	14	12.5%	12	10.7%	34	30.4%	112	28.0%		

preventing unwanted pregnancy?	Condom	8	19.5%	12	29.3%	3	7.3%	16	39.0%	2	4.9%	41	10.2%		
	Norplant	13	28.3%	10	21.7%	4	8.7%	5	10.9%	14	30.4%	46	11.5%		
	Female sterilization	3	42.9%	3	42.9%	0	.0%	0	.0%	1	14.3%	7	1.8%		
	Male sterilization	2	25.0%	3	37.5%	1	12.5%	1	12.5%	1	12.5%	8	2.0%		
	All	12	22.6%	16	30.2%	7	13.2%	5	9.4%	13	24.5%	53	13.2%		
What is your source of information about FP?	Television	22	27.5%	10	12.5%	12	15.0%	9	11.2%	27	33.8%	80	20.0%	66.879	.000[a,*]
	Leaflets	12	27.9%	11	25.6%	3	7.0%	6	14.0%	11	25.6%	43	10.8%		
	Radio	32	28.1%	30	26.3%	18	15.8%	8	7.0%	26	22.8%	114	28.5%		
	Newspaper	6	30.0%	7	35.0%	1	5.0%	1	5.0%	5	25.0%	20	5.0%		
	Health extension workers	13	21.0%	16	25.8%	6	9.7%	10	16.1%	17	27.4%	62	15.5%		
	Partner	7	29.2%	1	4.2%	2	8.3%	8	33.3%	6	25.0%	24	6.0%		
	Friends/Relatives	3	20.0%	0	.0%	1	6.7%	8	53.3%	3	20.0%	15	3.8%		
	Posters/Billboards	5	27.8%	5	27.8%	1	5.6%	3	16.7%	4	22.2%	18	4.5%		
	All	2	8.3%	10	41.7%	7	29.2%	1	4.2%	4	16.7%	24	6.0%		

Appendix 2: attitudes about family planning

		Status of contraceptive use										Total		Chi-square	P-value
		Non-user		Potential user		Ex-user		First time user		Regular user					
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Column N %		
Which of the following represents the place(s) from where you obtain the contraceptives?	Hospital	22	30.1%	8	11.0 %	14	19.2 %	7	9.6%	22	30.1%	73	18.2%	59.807	.000*,a,b
	Health stations	33	23.6%	41	29.3 %	14	10.0 %	9	6.4%	43	30.7%	140	35.0%		
	Shop/Kiosks	6	37.5%	4	25.0 %	3	18.8 %	1	6.2%	2	12.5%	16	4.0%		
	Pharmacy	16	18.6%	19	22.1 %	8	9.3%	27	31.4%	16	18.6%	86	21.5%		
	Health Extensions workers	16	30.8%	11	21.2 %	5	9.6%	8	15.4%	12	23.1%	52	13.0%		
	Work place	3	30.0%	3	30.0 %	0	.0%	1	10.0%	3	30.0%	10	2.5%		
	Friends/Relatives	1	25.0%	1	25.0 %	2	50.0 %	0	.0%	0	.0%	4	1.0%		
	All	5	26.3%	3	15.8 %	5	26.3 %	1	5.3%	5	26.3%	19	4.8%		
Which of the following do you	To limit the family	24	27.9%	18	20.9 %	9	10.5 %	7	8.1%	28	32.6%	86	21.6%	57.858	.000*,a

think is/are the basic purpose FP?	To have an interval between births	44	27.5%	31	19.4 %	26	16.2 %	15	9.4%	44	27.5%	160	40.1%		
	To stop delivering births	11	44.0%	5	20.0 %	2	8.0%	4	16.0%	3	12.0%	25	6.3%		
	To prevent sexual transmitted disease	6	20.0%	6	20.0 %	5	16.7 %	3	10.0%	10	33.3%	30	7.5%		
	To avoid unwanted pregnancy	13	19.4%	15	22.4 %	5	7.5%	24	35.8%	10	14.9%	67	16.8%		
	All	4	12.9%	14	45.2 %	4	12.9 %	1	3.2%	8	25.8%	31	7.8%		

Appendix 2: BHR about family planning

		Status of contraceptive use										Total		Chi-Square	P-Value
		Non-user		Potential user		Ex-user		First time user		Regular user					
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Column N %		
If you use any of the FP methods, who choose that for you?	Myself	34	32.4%	14	13.3%	13	12.4%	17	16.2 %	27	25.7%	105	26.2%	41.186	.001*
	Friends/relatives	6	23.1%	1	3.8%	3	11.5%	5	19.2 %	11	42.3%	26	6.5%		
	Partner	11	18.6%	13	22.0%	16	27.1%	4	6.8%	15	25.4%	59	14.8%		

	Health workers	23	22.3%	35	34.0%	11	10.7%	8	7.8%	26	25.2%	103	25.8%		
	Both me and my partner	28	26.2%	27	25.2%	8	7.5%	20	18.7 %	24	22.4%	107	26.8%		

knowledge

		How do you find yourself on the part of using contraceptives?										Total		Chi-square	P-value
		Non-user		Potential user		Ex-user		First time user		Regular user					
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Column N %		
The male should also use contraceptives like females	Strongly Disagree	12	13.6%	22	25.0%	12	13.6%	20	22.7%	22	25.0%	88	22.0%	28.573	.027*
	Disagree	40	39.6%	19	18.8%	13	12.9%	7	6.9%	22	21.8%	101	25.2%		
	Neutral	7	21.9%	9	28.1%	5	15.6%	2	6.2%	9	28.1%	32	8.0%		
	Agree	16	20.3%	16	20.3%	10	12.7%	14	17.7%	23	29.1%	79	19.8%		
	Strongly Agree	27	27.0%	24	24.0%	11	11.0%	11	11.0%	27	27.0%	100	25.0%		
Choosing the most appropriate FP method for a user is the job of health professionals	Strongly Disagree	6	16.7%	17	47.2%	6	16.7%	1	2.8%	6	16.7%	36	9.0%	31.852	.010*
	Disagree	23	30.7%	17	22.7%	6	8.0%	7	9.3%	22	29.3%	75	18.8%		
	Neutral	12	46.2%	2	7.7%	4	15.4%	4	15.4%	4	15.4%	26	6.5%		
	Agree	26	21.1%	23	18.7%	18	14.6%	18	14.6%	38	30.9%	123	30.9%		
	Strongly Agree	34	24.6%	31	22.5%	17	12.3%	23	16.7%	33	23.9%	138	34.7%		
Issues related to FP should not be discussed openly	Strongly Disagree	38	32.5%	25	21.4%	22	18.8%	5	4.3%	27	23.1%	117	29.4%	46.915	.000*,a
	Disagree	20	19.8%	24	23.8%	16	15.8%	8	7.9%	33	32.7%	101	25.4%		

	Neutral	3	27.3%	4	36.4%	0	.0%	1	9.1%	3	27.3%	11	2.8%		
	Agree	18	25.7%	12	17.1%	4	5.7%	22	31.4%	14	20.0%	70	17.6%		
	Strongly Agree	21	21.2%	25	25.3%	9	9.1%	18	18.2%	26	26.3%	99	24.9%		
There is too much talk on FP and contraceptives use in media	Strongly Disagree	5	31.2%	1	6.2%	6	37.5%	0	.0%	4	25.0%	16	4.0%	30.423	.016*,a
	Disagree	3	9.1%	11	33.3%	6	18.2%	2	6.1%	11	33.3%	33	8.3%		
	Neutral	2	10.5%	8	42.1%	3	15.8%	2	10.5%	4	21.1%	19	4.8%		
	Agree	45	26.8%	36	21.4%	17	10.1%	30	17.9%	40	23.8%	168	42.2%		
	Strongly Agree	47	29.0%	33	20.4%	19	11.7%	20	12.3%	43	26.5%	162	40.7%		

Appendix 2: attitude about family planning

		Status of contraceptive use										Total		Chi-square	P-value
		Non-user		Potential user		Ex-user		First time user		Regular user					
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Column N %		
I fear to purchase contraceptives in the past due to unknowingness of their use	Strongly Disagree	16	34.0%	5	10.6%	6	12.8%	4	8.5%	16	34.0%	47	11.9%	31.785	.011*
	Disagree	13	24.1%	19	35.2%	7	13.0%	4	7.4%	11	20.4%	54	13.6%		
	Neutral	10	23.8%	19	45.2%	3	7.1%	2	4.8%	8	19.0%	42	10.6%		
	Agree	32	26.0%	21	17.1%	17	13.8%	21	17.1%	32	26.0%	123	31.1%		
	Strongly Agree	31	23.8%	24	18.5%	18	13.8%	22	16.9%	35	26.9%	130	32.8%		

Appendix 2: BHR about family planning

		Status of contraceptive use										Total		Chi-square	P-value
		Non-user		Potential user		Ex-user		First time user		Regular user					
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Column N %		
I am interested in adopting FP methods/contraceptives	Strongly Disagree	11	33.3%	5	15.2%	8	24.2%	2	6.1%	7	21.2%	33	8.4%	29.846	.019*
	Disagree	23	38.3%	8	13.3%	6	10.0%	4	6.7%	19	31.7%	60	15.2%		
	Neutral	6	25.0%	7	29.2%	6	25.0%	1	4.2%	4	16.7%	24	6.1%		
	Agree	26	21.3%	25	20.5%	15	12.3%	25	20.5%	31	25.4%	122	30.9%		
	Strongly Agree	35	22.4%	42	26.9%	16	10.3%	21	13.5%	42	26.9%	156	39.5%		

Appendix 2: religious & cultural Factors about family planning

		Status of contraceptive use										Total		Chi-square	P-value
		Non-user		Potential user		Ex-user		First time user		Regular user					
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Column N %		
I fear religion more than other factors while using FP	Strongly Disagree	17	21.0%	28	34.6%	10	12.3%	6	7.4%	20	24.7%	81	20.3%	29.872	.019*
	Disagree	26	25.0%	23	22.1%	17	16.3%	7	6.7%	31	29.8%	104	26.1%		
	Neutral	19	29.2%	12	18.5%	12	18.5%	10	15.4%	12	18.5%	65	16.3%		
	Agree	22	31.0%	9	12.7%	6	8.5%	13	18.3%	21	29.6%	71	17.8%		

	Strongly Agree	18	23.1%	18	23.1%	6	7.7%	17	21.8%	19	24.4%	78	19.5%		
Religion has a major influence on using FP even today	Strongly Disagree	18	22.2%	27	33.3%	9	11.1%	5	6.2%	22	27.2%	81	20.4%	29.040	.024*
	Disagree	19	22.4%	17	20.0%	13	15.3%	7	8.2%	29	34.1%	85	21.4%		
	Neutral	17	27.9%	16	26.2%	10	16.4%	8	13.1%	10	16.4%	61	15.4%		
	Agree	26	28.9%	14	15.6%	14	15.6%	18	20.0%	18	20.0%	90	22.7%		
	Strongly Agree	21	26.2%	15	18.8%	5	6.2%	16	20.0%	23	28.8%	80	20.2%		
Health workers considered the culture we live during consultation and giving different FP information	Strongly Disagree	20	24.4%	28	34.1%	13	15.9%	3	3.7%	18	22.0%	82	20.6%	29.064	.024*
	Disagree	27	32.1%	12	14.3%	11	13.1%	8	9.5%	26	31.0%	84	21.1%		
	Neutral	13	23.2%	13	23.2%	7	12.5%	10	17.9%	13	23.2%	56	14.1%		
	Agree	27	27.6%	19	19.4%	14	14.3%	15	15.3%	23	23.5%	98	24.6%		
	Strongly Agree	14	17.9%	17	21.8%	6	7.7%	18	23.1%	23	29.5%	78	19.6%		
Limiting the family size is religiously wrong	Strongly Disagree	31	27.2%	28	24.6%	17	14.9%	7	6.1%	31	27.2%	114	28.5%	29.242	.022*
	Disagree	25	25.5%	18	18.4%	10	10.2%	11	11.2%	34	34.7%	98	24.5%		
	Neutral	9	25.0%	11	30.6%	7	19.4%	3	8.3%	6	16.7%	36	9.0%		
	Agree	21	26.6%	16	20.3%	13	16.5%	16	20.3%	13	16.5%	79	19.8%		
	Strongly Agree	16	21.9%	17	23.3%	4	5.5%	17	23.3%	19	26.0%	73	18.2%		

Appendix 2: Factors Affecting FP BHR

		Status of Contraceptive use										Total		Chi-square	P-value
		Non-user		Potential user		Ex-user		First time user		Regular user					
		Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Column N %		
Health concern	Strongly Disagree	20	33.3%	14	23.3%	4	6.7%	8	13.3%	14	23.3%	60	15.1%	46.207	.000*
	Disagree	29	21.3%	23	16.9%	15	11.0%	25	18.4%	44	32.4%	136	34.3%		
	Neutral	10	22.7%	21	47.7%	1	2.3%	7	15.9%	5	11.4%	44	11.1%		
	Agree	17	26.6%	15	23.4%	15	23.4%	1	1.6%	16	25.0%	64	16.1%		
	Strongly Agree	26	28.0%	16	17.2%	15	16.1%	13	14.0%	23	24.7%	93	23.4%		
Want a/additional child	Strongly Disagree	13	18.8%	22	31.9%	5	7.2%	8	11.6%	21	30.4%	69	17.6%	35.504	.003*
	Disagree	31	26.5%	33	28.2%	9	7.7%	22	18.8%	22	18.8%	117	29.8%		
	Neutral	13	33.3%	10	25.6%	3	7.7%	5	12.8%	8	20.5%	39	9.9%		
	Agree	22	23.7%	12	12.9%	21	22.6%	8	8.6%	30	32.3%	93	23.7%		
	Strongly Agree	22	29.7%	10	13.5%	12	16.2%	11	14.9%	19	25.7%	74	18.9%		

University of Gondar

Faculty of Business and Economics

Department of Marketing Management

The objective of the study is to assess the family planning practices from social marketing perspective in Gondar town.

Questionnaire to be filled by the households in Gondar town

Dear respondent,

Given below are the statements representing individual's knowledge, attitude, practices, attitude of health workers, and factors affecting family planning and contraceptives use. The objective of the study is to assess the family planning practices from social marketing perspective in Gondar town. This information will be used solely for academic purpose for the fulfillment of MA in Marketing Management and all the responses will be treated in strict confidentiality. I thank you very much in advance.

General Instruction

- Don't write your Name
- Kindly put a circle on the option describing your response

Section I: Personal Profile:

1. Sex: A) Male B) Female
2. Age: A) less than 18 B) 18-25 C) 26-35 D) 36-45 E) above 45
3. Marital Status: A) Single B) Married C) Divorced D) Widow
4. Educational Level: A) Didn't attend the school B) Primary level
   C) Secondary level D) Certificate E) Diploma
   F) First Degree G) Masters and above
5. Religion: A) Orthodox B) Catholic C) Protestant
   E) Muslim F) other (specify) _____
6. Occupation: A) Government employee B) Private sector employee
   C) Business man/woman D) Student E) Unemployed
7. Monthly Income (ETB): A) Less than 500 B) 501-1000 C) 1001-2000
   D) 2001-3000 E) above 3000
8. Number of Children: A) 0 B) 1-2 C) 3-5 E) above 5

Section II: Knowledge, Attitudes and Practices of Family Planning

1. Have you ever heard of family planning methods to be used to prevent unwanted pregnancy?
   A) Yes B) No
2. Which of the following family planning methods you are known to preventing unwanted pregnancy? **(You can choose more than one options).**
   A) Pills
   B) IUD
   C) Injectables
   D) Condom
   E) Norplant
   F) Female sterilization
   G) Male sterilization
   H) Traditional Methods (Calendar/Abstinence/Withdrawal etc.)
3. What is your source of information about family planning? **(N.B. you can choose more than one options).**
   A) Television B) Leaflets C) Radio D) Newspaper E) Health extension workers
   F) Partner G) Friends/Relatives H) Posters/Billboards I) Other _____

4. Which of the following represents the place(s) from where you obtain the contraceptives? **(N.B. you can choose more than one options).**

   A) Hospital
   B) Health stations
   C) Shop/Kiosks
   D) Pharmacy
   E) Health Extensions workers
   F) Work place
   G) Friends/Relatives
   H) Other (specify)_____

5. Which of the following do you think is/are the basic purpose/idea behind family planning? **(N.B. you can choose more than one options).**

   A) To limit the family
   B) To have an interval between births
   C) To stop delivering births
   D) To prevent sexual transmitted disease
   E) To avoid unwanted pregnancy
   F) Other(specify)_____

6. How do you find yourself on the part of using contraceptives?

   A) Non-user B) Ex-user C) First time user D) Regular user E) Potential user

7. If you use any of the family planning methods, who choose that for you?

   A) Myself B) Friends/relatives C) Partner D) Health workers
   E) Both me and my partner

8. If you are an ex-user of family planning method(s), what was/were the reason(s) for discontinuation? **(N.B. you can choose more than one options)**

   A) Want more children
   B) Menopausal
   C) Health concern
   D) Death of partner
   E) Religious opposition
   F) Partner disapproval
   G) Due to pregnancy
   H)Other(specify)_____

- Kindly put a * on the option describing your response

1= strongly Agree 2= Agree 3=Neutral 4=Disagree 5= Strongly Disagree

NO	Description	Rating				
		SA	A	N	DA	SD
9	The male should also use contraceptives like females					
10.	Choosing the most appropriate family planning method for a user is the job of health professionals					
11.	I better know the existence of FP programs and campaigns in Ethiopia/Gondar than in the past					
12.	Issues related to family planning should not be discussed openly					
13.	There is too much talk on FP and contraceptives use in media					
14.	I believe that a person who use contraceptives is a responsible individual					
15.	I fear to purchase contraceptives in the past due to unknowingness of their use					
16.	Today, it is good to know as much as possible about family planning and contraceptives use					
17.	Using contraceptives leads to infertility in the future					
18.	I believe family planning service is important for all					
19.	I believe that contraceptives ruin naturalness of sexual intercourse					
20.	I use contraceptives to maintain my family small and manageable					
21.	Consultants and health workers are caring and understanding					
22.	I am interested in adopting FP methods/contraceptives					
23.	I fear religion more than other factors while using FP					
24.	Religion has a major influence on using FP even today					

25.	Health workers considered the culture we live during consultation and giving different FP information					
26.	Limiting the family size is religiously wrong					

Section III: casus & Factors Affecting Family Planning Behavior

No.	**I do not use/practice family planning and contraceptives due to:**	SA	A	N	D	SD
1	Health concern					
2	Assuming little risk towards pregnancy					
3	Too much costly					
4	Infrequent sex					
5	Religious opposition					
6	Community opposition					
7	Not believing in family planning					
8	Family opposition					
9	Want a/additional child					
10	Distance from the service center/health clinic/hospital					
11	Inconvenient opening hour of family planning centers					
Other factors (specify):						

Thank you!

University of Gondar

Faculty of Business and Economics

Department of Marketing Management

The objective of the study is to assess the family planning practices from social marketing perspective in Gondar town.

Interview questions for Social Marketers in Gondar Town

Dear respondent,

I am under taking a research entitled 'Social Marketing and Public Health: A study on Family Planning' in Gondar town. Your answers to the interview questions are very important for the study. All your responses will be kept confidential. I thank you for your cooperation in advance.

1. What are the promotional activities used to reach the people of Gondar town to increase their knowledge and to develop positive attitudes towards family planning services/contraceptive usage?
2. What are the distribution activities the organizations use to reach to different groups of individuals?
3. What kind of product to reduce the factors negatively affecting individual's behavior to practice/use family planning and contraceptives?
4. What communication/promotional mechanisms are designed by the organization to bring favorable changes in the attitudes of service providers towards the clients?

Thank you!!

University of Gondar

Faculty of Business and Economics

Department of Marketing Management

የጥናቱ ዋና ዓላማ የቤተሰብ ምጣኔ አገልግሎትን ከማህበራዊ ግብይት አንጻር በጎንደር ከተማ ያለዉን ሁኔታ ለመዳሰስ ነዉ

ዉድ የጥናቱ ተሳታፊዎች፤

የሚከተሉትን ጥያቄዎች የሚያተኩሩት ስለ ቤተሰብ ምጣኔ አገልግሎት እና በወሊድ መቆጣጠሪያ አጠቃቀም የህብረተሰቡን ዕዉቀት፣ አመለካከት፣ አጠቃቀም፣ የጤና ባለሙያዎችን አመለካከት እና አገልግሎቱን ለመጠቀም የሚያጋጥሙ ችግሮችን ለመዳሰስ ነዉ። የጥናቱ ዋና ዓላማ የቤተሰብ ምጣኔ አገልግሎትን ከማህበራዊ ግብይት አንጻር በጎንደር ከተማ ያለዉን ሁኔታ ለመዳሰስ ነዉ። የእርስዎ ምላሽ ሚስጥርነቱ የተጠበቀ እና ለገቢያ ጥናት ትምህርት ማስተርስ ማሟያ የመመረቂያ ጹሁፍ ብቻ የሚያገለግል መሆኑን እየገለጽኩኝ ። ስለትብብዎ በቅድሚያ እናመሰግናለን።

<u>ማሳሰቢያ</u>

- ስም መፃፍ አይቻልም
- መልስ ይሆናል ብለዉ የሚያስቡትን የክብ ምልክት በማድረግ ይመልሱ

ከሰላምታ ጋር

ጥናት አድራጊዉ

ክፍል አንድ

1. ፃታ ሀ) ወንድ ለ) ሴት
2. እድሜ ሀ) ከ 18 ዓመት በታች ለ) 18-25 ሐ) 26-35
   መ) 36-45 ሠ) 45 በላይ
3. የጋብቻ ሁኔታ፡ ሀ) ያላገባ/ች ለ) ያገባ/ች
   ሐ) የተፈታ/ች መ) ባለቤቱ የሞተበት/ችበት
4. የትምህርት ደረጃ፡ ሀ) ትምህርት ቤት ያልገባ ለ) አንደኛ ደረጃ ሐ) ሁለተኛ ደረጃ መ) ሠርትፊኬት ሠ) ዲፕሎማ
   ረ) ዲግሪ ሰ) ማስተርስና ከዛ በላይ
5. እምነት፡ ሀ) ኦርቶዶክስ ለ)ካቶሊክ ሐ) ፕሮቴስታንት
   መ) እስልምና ሐ) ሌላ (ይግለጹ)----------
6. የሥራ ሁኔታ፡ ሀ) የመንግስት ተቀጣሪ ለ) የግል ተቀጣሪ
   ሐ) የራስ ስራ ተዳዳሪ መ) ስራ የሌለዉ/ ተማሪ
   ሠ) ሌላ ይግለጹ ----------
7. የወር ገቢ፡ ሀ) ከ 500.00 ብር በታች ለ) ከ501-1000.00
   ሐ) 1001-2000.00 ሐ) 2001-3000.00
   ሠ) ከ 3000.00 በላይ
8. የልጆች ብዛት ሀ) 0 ለ)1-2 ሐ)3-5 መ) ከ 5 በላይ

ክፍል ሁለት

1. ያልተፈለገን እርግዝና ለመከላከል ስለሚጠቅም የቤተሰብ ምጣኔ ዕቅድ ሰምተዉ ያዉቃሉ
   ሀ) አዎ ለ) የለም
2. ከሚከተሉት ቤተሰብ ምጣኔ ዕቅድ የሚያዉቁ የትኛዉን ነዉ? (ከአንድ በላይ መልስ መስጠት ይቻላል)
   ሀ) የወሊድ መቆጣጠሪያ ክኒን ሰ) ወንድ ማምከን
   ለ) አዩዲ ሸ) በባሕላዊ መንገድ
   ሐ) የወሊድ መቆጣጠሪያ መርፌ ቀ) ሌላ (ይግለጹ)----------
   መ) ኮንዶም
   ሠ) በክንድ የሚቀበር የወሊድ መቆጣጠሪያ
   ረ) ሴት ማምከን
3. ስለ ቤተሰብ ምጣኔ ዕቅድ አገልግሎት መረጃ የሚያገኙት በየትኛው የመረጃ ምንጭ (ዘዴ) ነው (ከአንድ በላይ መልስ መመለስ ይቻላል)

ሀ) በቴሌቪዥን ለ) በበራሪ ጹሁፎች
ሐ) በራዲዮ መ) በጋዜጣ
ሠ)በጤና ኤክስቴንሽን ሰራተኞች ረ)በፍቅር/ትዳር አጋርዎ
ሰ) በጓደኞቹ/በሚቀርቡኝ ሰዎች በ) ሌላ ይግለፁ----------
ሸ) በግድግዳ ላይ ፅሁፎች/ በተተከሉ ማስታወቂያዎች

4. ከሚከተሉት የትኛው በየትኞቹ የወሊድ መቆጣጠሪያ ዘዴዎችን ያገኛሉ (ከአንድ በላይ መልስ መስጠት ይችላሉ)
ሀ) ሆስፒታል ሠ) በጤና ኤክስቴንሽን ሰራተኞች
ለ) ጤና ጣቢያ ረ) መስሪያ ቤት
ሐ) ሱቅ ሰ) ከጓደኛ/ከሚቀርቧቸዉ ሰዎች
መ) ፋርማሲ ሸ) ሌላ (ይግለፁ)----------
5. ከሚከተሉት ውስጥ የትኛው የትኞቹ ከቤተሰብ ዕቅድ አገልግሎት ዋና ዓላማ ነው(ናቸው) ብለው ያስባሉ ከአንድ በላይ መልስ መስጠት ይቻላል፡፡
ሀ) የቤተሰብ ቁጥርን መወሰን መ)የአባላዛር በሽታን መከላከል
ለ) አራርቆ መውለድ ረ)ሌላ (ይግለፁ)----------
ሐ) ልጅ መዉለድ ማቆም
ሠ)ያልተፈለገ እርግዝናን ማስወገድ
6. ዕርስዎን በየትኛዉ የወሊድ መቆጣጠርያ አጠቃቀም ዉስጥ ይመደባሉ
ሀ) ከማይጠቀሙት መ) ከመደበኛ ተጠቃሚ
ለ) ከአቋረጡት ሠ) ወደፊት ከሚጠቀሙት ውስጥ
ሐ) ከመጀመሪያ ተጠቃሚ
7. ማንኛዉንም ዓይነት የወሊድ መቆጣጠሪያ ዘዴዎችን ሲጠቀሙ/ ለመጠቀም ቢፈልጉ ማን ነው የሚመርጥልዎት
ሀ) እራሴው ለ) ጓደኞቹ/የሚቀርቡኝ ሰዎች
ሐ) የትዳር/ፍቅር አጋሬ መ)የጤና ባለሙያዎች
ሠ) እኔና የትዳር/ፍቅር አጋሬ
8. የቤተሰብ እቅድ አገልግሎት ለማቋረጥ ምክኒያት/ቶች ምን ምን ናቸው ብለው ያስባሉ (ከአንድ በላይ መልስ መስጠት ይቻላል)

ሀ)ተጨማሪ ልጅ መፈለግ ሠ) እምነቱ ስለማይፈቅደው

ለ) የእርግዝና ጊዜ መተላለፍ ረ) በእርግዝና ምክኒያት

ሐ) በጤና ምክኒያት ሸ)የትዳር/የፍቅር አጋሬ ስለማይደግፈው

መ) የትዳር/ ፍቅር አጋሬ ቀ) ሌላ(ይግለፁ)----------

በሞት መለየ

የሚከተሉትን ጥያቄዎች የርስዎን አስተያየት በፈለጉት ክፍት ቦታ ላይ ለእያንዳንዱ ጥያቄ የ (√)ምልክት ያድርጉ

በእ- በጣም እስማማለሁ እስ- እስማማለሁ

መያ- መወሰን ያቅተኛል በአ- በጣም አልስማማም

አ- አልስማማም

ተ.ቁ		ደረጃ				
		በእ	እስ	መያ	አል	በአ
9.	ወንዶች እንደ ሴቶች ሁሉ የወሊድ መቆጣጠሪያ መጠቀም አለባቸው					
10.	የተሻለዉን የቤተሰብ ምጣኔ ዕቅድ አገልግሎት ዘዴ ለተጠቃሚው መምረጥ የጤና ባለሙያ ስራ ነው					
11.	ከበፊቱ የበለጠ የቤተሰብ ዕቅድ አገልግሎት ፕሮግራም እና ቅስቀሳ በኢትዮጵያ/ በጎንደር መኖሩን አውቃለሁ					
12.	ስለ ቤተሰብ ምጣኔ ዕቅድ አገልግሎት በሚመለከት በነጻነት መወራት የለበትም					
13.	በመገናኛ ብዙሃን ከመጠን በላይ ስለ ቤተሰብ ምጣኔ ዕቅድና ወሊድ መቆጣጠሪያ አጠቃቀም ይነገራል					
14.	በእኔ እምነት የቤተሰብ ምጣኔ ዕቅድ አገልግሎት ለሁሉም ጠቃሚ ነው					
15.	በፊት የወሊድ መቆጣጠሪያ አገልግሎት ጠቀሚታውን ስለማላውቅ መግዛት ዕፈራ ነበር					
16.	በአሁኑ ሰዓት ስለ ቤተሰብ ምጣኔ ዕቅድ አገልግሎት እና ስለ ወሊድ መቆጣጠሪያ ማወቅ በጣም ጥሩ ነው					
17.	የወሊድ መቆጣጠሪያ ዘዴዎችን መጠቀም ለወደፊቱ መካንነትን ያስከትላል					
18.	ሰዎች ስለቤተሰብ ምጣኔ ዕቅድ አገልግሎት እና ስለ ወሊድ መቆጠጣጠሪያ ማወቅ በጣም ጥሩ ነዉ					
19.	የወሊድ መቆጣጠሪያ መጠቀም ተፈጥሮአዊ የግብረ ስጋ ግንኙነት ላይ ተፅእኖ ያመጣል					
20.	የቤተሰብ ምጣኔ ዕቅድ አገልግሎት የምጠቀመው አነስተኛ ቤተሰብ እንዲኖረኝ እና የቤተሰቦቼን ፍላጎት ለማሟት ስለሚረዳኝ ነው					
21.	የቤተሰብ ምጣኔ ዕቅድ አማካሪዎች እና ጤና ባለሙያዎች እንክብካቤ በማድረግ ፍላጎታችንን ይረዱልናል					
22.	የቤተሰብ ምጣኔ እቅድ አገልግሎትና የወሊድ መቆጣጠሪያ ለመጠቀም ፍቃደኛ ነኝ					
23.	ከሌሎች ምክኒያቶች የበለጠ የቤተሰብ ምጣኔ ዕቅድ አገልግሎት ለመጠቀም ሀይማኖቴን እፈራለሁ					
24.	በአሁኑ ሰዓትም በቤተሰብ ምጣኔ እቅድ አገልግሎት በመጠቀም ላይ ሀይማኖት ከፍተኛ ተጽዕኖ አለው					
25.	የጤና ባለሙያወች በሚያማክሩበት ሰዓት እና የተለያዩ መረጃዎችን በሚሰጡበት ወቅት የአካባቢን ባህል ይጠብቃሉ					
26.	የቤተሰብን ቁጥርን መቀነስ በሀይማኖት ክልክል ነው					

የሚከተሉትን ጥያቄዎች የርስዎን አስተያየት በፈለጉት ክፍት ቦታ ላይ ለእያንዳንዱ ጥያቄ የ(√) ምልክት ያድርጉ

በእ- በጣም እስማማለሁ እስ- እስማማለሁ

መያ- መወሰን ያቅተኛል በአ- በጣም አልስማማም

አ- አልስማማም

ተ.ቁ	የቤተሰብ ምጣኔ ዕቅድና የወሊድ መቆጣጠሪያ ዘዴዎችን የማልጠቀመዉ	ደረጃ				
		በእ	እስ	መያ	አል	በአ
1.	በጤና ምክኒያት					
2.	ለእርግዝና የመጋለጤ አጋጣሚ ትንሽ ነዉ ብየ ስለማስብ ነዉ					
3.	ዉድ በመሆኑ ነዉ					
4.	አልፎ አልፎ የግብረ ስጋ ግንኙነት ስለማደርግ ነዉ					
5.	ሀይማኖቴ ስለማይፈቅድ ነዉ					
8.	በቤተሰብ ምጣኔ ዕቅድ አገልግሎት ላይ ዕምነት ስለሌለኝ ነዉ					
7.	ማህበረሰቡ ስለማይደግፈዉ ነዉ					
8.	ቤተሰቦቼ ስለማይደግፉት ነዉ					
9.	ልጅ ስለምፈልግ ነዉ					
10.	አገልግሎት ለማግኘት እርቀት ስላለዉ ነዉ					
11.	የቤተሰብ ምጣኔ ዕቅድ አገልግሎት የሚሰጥባቸዉ የስራ ሰዓታቸዉ ስለማይመቸኝ ነው					

ሌላ ምክኒያት ካለዎት ይግለፁ;- ----------

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